



# Howard Supply Company, LLC

(Credit Application)

Company Name: \_\_\_\_\_

Type of business: \_\_\_\_\_

(Trust (1041), Non-profit organization (990) Sole Proprietor (1040 Schedule C), Corporation (1120), Partnership (1065), S-Corporation (1120S))

Business mailing address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business shipping address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Industry or Category of Business (SIC/NAICS Code) \_\_\_\_\_

Accounts Payable contact name: \_\_\_\_\_

Accounts Payable e-mail address: \_\_\_\_\_

Accounts Payable telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Emergency Accounts Payable contact with authority to resolve past due Invoices:**

Contact name: \_\_\_\_\_

Years of Service with company: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Dun and Bradstreet # \_\_\_\_\_

Name of your banking institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested Credit Limit Amount: \$ \_\_\_\_\_

Does your company require a purchase order: \_\_\_ Yes \_\_\_ No

Are your purchases tax exempt: \_\_\_ Yes \_\_\_ No

(if yes, please provide a copy of your exemption certificate along with this credit application)

Do you require authorized persons to make purchases: \_\_\_ Yes \_\_\_ No

Names: \_\_\_\_\_

**Trade References (3 required):**

Name: \_\_\_\_\_

City, St: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Name: \_\_\_\_\_

City, St: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Name: \_\_\_\_\_

City, St: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

**(Credit Application)**

**Company Officers or Principals:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the company or any of its principals ever been Bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Credit Terms:**

*Payment is due 30 days from the date of invoice and may be subject to late charges, finance charges, and any reasonable collection costs including attorney fees. This account will be an open balance account and not a revolving charge account.*

*By signing this credit application, you agree to our terms and authorize Howard Supply Company, LLC to obtain credit information needed to establish an open account. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Howard Supply Company, LLC to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Please return signed credit application (and other applicable documentation) to:

**Howard Supply Company**  
Attn: Accounts Receivable Department  
4100 International Plaza, Suite 850  
Fort Worth, TX 76109  
Phone: (817) 529-9950  
Fax: (817) 529-8060 or E-mail: [ar@howard-supply.com](mailto:ar@howard-supply.com)