



CREDIT APPLICATION

Complete and fax back to 210-637-2822

BUSINESS CONTACT INFORMATION

Primary Contact Name:			
Title:			
Company Trade name or DBA:			
Legal Corporate Name or Parent Company Name (if applicable):			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Fed Tax ID #:	Tax Exempt?		

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account	Account number		

BUSINESS & TRADE REFERENCES

1. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Relationship, Current Payment Terms and Limit:			
2. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Relationship, Current Payment Terms and Limit:			
3. Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Relationship, Current Payment Terms and Limit:			

AGREEMENT

1. By submitting this application, you authorize FBD to make inquiries into the banking and business/trade references that you have supplied.
2. If credit is granted, all invoices are to be paid 30 days from the date of the invoice.
3. Claims arising from invoices must be made within seven working days.

SIGNATURES

Title:	Title:
Date:	Date:



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GENERAL SALES TAX BLANKET CERTIFICATE FOR RESALE OR EXEMPTION

This form is required only if your company or organization can claim tax exempt status. If your company can claim tax exempt status, please give us your status by placing a check in one of the blanks below:

- _____ 1. Products purchased for Resale
- _____ 2. Products Purchased By or For the United States Government
- _____ 3. Products Purchased By or For Religious, Educational or Charitable Organizations whose net earnings do not benefit any private shareholder or individual.
- _____ 4 . Products Purchased For immediate and direct export outside of the U.S.
- _____ 5 . My company or organization is tax exempt for the following reason:

Our limited sales tax permit number is *: _____
(required only on items for resale)

By signing this certificate, I declare and confirm that any or all items purchased from FBD, L.L.P. are tax exempt for one or more of the reasons stated above.

This certificate shall continue in force until revoked and shall be considered a part of each order forwarded to us unless the order specifies otherwise.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP/POST CODE: _____ COUNTRY: _____

SIGNATURES	
Title: _____ Date: _____	Title: _____ Date: _____