

‡ TEXAS ‡
TRADITIONS
Culinary Folk Art

Credit Application

General Information

Name _____ Date _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Fax (____) _____

Years in Business _____ Tax ID# _____

Type of Business _____

Principals _____ Title _____

_____ Title _____

_____ Title _____

Credit References

Company _____ Contact _____

Day Phone (____) _____ Account# _____

Company _____ Contact _____

Day Phone (____) _____ Account# _____

Company _____ Contact _____

Day Phone (____) _____ Account# _____

Bank

Address _____ Contact _____

Day Phone (____) _____ Account# _____

I certify that the above statements are true and hereby give *Texas Traditions* permission to verify this information with the above named references or any other sources, including credit bureau's. I hereby acknowledge, should credit be extended to the business, all accounts are

due and payable 30 days after receipt of invoice. I also agree to all other terms and conditions of the *Texas Traditions* Terms and Conditions Agreement. Credit is subject to limits, which are subject to individual revue.

Signature _____

Date _____