



sales@basshays.com

(800) 258-2278 TOLL FREE

(972) 263-1360 METRO

(972) 263-0091 FAX

www.basshays.com

APPLICATION FOR CREDIT

Please provide all information requested, incomplete or unsigned forms will not be accepted:

DATE: _____ COMPANY NAME: _____

(NOTE- If your company is a subsidiary of a parent company, submit all information regarding the parent company as well.)

DBA/SUBSIDIARY: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE: Y: ___ N: ___ WEB ADDRESS: _____

BUSINESS TYPE: PROPRIETORSHIP: ___ PARTNERSHIP: ___ CORPORATION: ___ DATE OF STARTUP: _____

NUMBER YEARS AT ABOVE ADDRESS: ___ EVER FILED BANKRUPTCY? Y: ___ N: ___ STATE: ___ DATE: _____

AMOUNT OF CREDIT REQUESTED: \$ _____

Complete following ONLY if incorporated: (Complete tax exemption form if tax exempt)

DATE INCORPORATED: _____ STATE: _____ CHARTER # _____

Type: C: ___ S: ___ LLC: ___ TAXABLE Y: ___ N: ___ EXEMPT Y: ___ N: ___ TAX ID # _____

DIRECTORS / OFFICERS / PRINCIPALS

NAME: _____ TITLE: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

NAME: _____ TITLE: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

NAME: _____ TITLE: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

REGISTERED AGENT:

NAME: _____ TITLE: _____ PHONE: _____

ADDRESS: _____ E-MAIL: _____

BANK REFERENCES

1. BANK: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

2. BANK: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

3. BANK: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

CREDIT / TRADE REFERENCES

Please list at least three (3) references, do not list any credit cards or unsecured accounts

1. NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

2. NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

3. NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

4. NAME: _____ ACCT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

NOTES OR ADDITIONAL INFORMATION YOU WOULD LIKE BASS & HAYS TO CONSIDER:

COMPLETE THE TAX EXEMPTION CERTIFICATE IF TAX EXEMPT: NO TAX EXEMPTION(S) WILL BE GIVEN WITHOUT COMPLETE AND VALID TAX EXEMPTION CERTIFICATE(S) ON FILE. CONTRACTORS EXEMPT "BY JOB" MUST FILE SEPERATE EXEMPTION FOR EACH JOB OR NO EXEMPTION(S) WILL BE GIVEN. NO EXCEPTIONS.

AGREEMENT & CONDITIONS

Providing information and signing this application does not guarantee extension of credit. All information required must be provided or credit will not be considered. If credit is extended, all invoices are to be paid **NET 30 DAYS** from the date the invoice is signed. No exceptions. A signed invoice constitutes acceptance of material and is bound by the terms of this agreement. Any claims arising from any invoices must be made within seven working days. In the event said account is not paid within thirty (30) days of the date provided, I/we agree that interest shall be added at the rate of Eighteen (18%) percent per annum from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate of Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees. This agreement shall be construed under and in accordance with the laws of the State of Texas, and all services under this agreement are performable in Dallas County, Texas.

I hereby authorize Bass & Hays Foundry, Inc. and it's assigns to make inquiries into the references that I have furnished, and to pull credit reports and/or any other information necessary in evaluating credit worthiness. I hereby authorize the references listed in this credit application to release information to Bass & Hays Foundry, Inc. and it's assigns to verify the information contained herein. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended by Bass & Hays Foundry, Inc.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:
Person responsible for accounts payable:

NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

DOB: _____ SSN: _____

FOR PROPRIETORS, PARTNERS, & S-CORPS IN U.S.

I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY.

NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

DOB: _____ SSN: _____

PERSONAL GUARANTEE

At least one signature required to guarantee account if company has been in business less than five (5) years.

For goods and other valuable consideration of the extension of credit to applicant, I/we, the undersigned, do personally, absolutely and unconditionally guarantee the full and punctual payment and satisfaction of all charges to the above account in accordance with the terms stated above.

1. NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

DOB: _____ SSN: _____

2. NAME: _____ SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

DOB: _____ SSN: _____

FOR INTERNAL USE ONLY

Accepted for Bass & Hays Foundry, Inc.

BY: _____ DATE: _____

CONTROL/ACCOUNT #: _____

NOTES OR ADDITIONAL INFORMATION:

