



Company's Legal Name \_\_\_\_\_ Trade Name (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Rated In D & B \_\_\_ Yes \_\_\_ No \_\_\_ Rating Nature of Business \_\_\_\_\_

Years In Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Federal ID Number \_\_\_\_\_ or Owners SSN \_\_\_\_\_

Type of Account Requested \_\_\_ COD/Cash \_\_\_ COD/Check \_\_\_ Open – Line of Credit Desired \$ \_\_\_\_\_

Financial Statements \_\_\_ Enclosed \_\_\_ Will be forwarded on \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_

Sales Tax: \_\_\_ Taxable \_\_\_ Exempt (if exempt, please attach your sales tax exemption certificate)

Do You: \_\_\_ Own Building \_\_\_ Rent/Lease – From Whom \_\_\_\_\_ Phone \_\_\_\_\_

**PRINCIPAL OWNERS/OFFICERS**

Name	Title	Home Address	City, State, Zip	Phone #	E-mail Address

**COMMERCIAL CREDIT REFERENCES (Please provide email addresses, as we email inquiries)**

Company Name	Address	City, State, Zip	Phone	Email Address

**Bank Reference**

Name of Bank \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Manager \_\_\_\_\_ Loan Account Number \_\_\_\_\_

Checking Account Number \_\_\_\_\_ Savings Account Number \_\_\_\_\_

*Please read and sign second page.*

PLEASE READ AND SIGN SECOND PAGE

**GENERAL PROVISIONS**

This application and the information herein is a request for the extension of credit for commercial business use only and applicant certifies that the firm he represents is doing business as a Corporation\_\_\_\_, Partnership\_\_\_\_, or Sole Proprietorship \_\_\_\_ (check one). The applicant authorizes the above-named creditor to obtain a written oral credit report from any credit reporting agency. This applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist creditor in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicants credit status from time to time as the creditor deems necessary, and should creditor, upon such reinvestigation, deem it necessary, to limit or terminate the credit agreement with said applicant.

Upon credit approval, terms are Net 30 days. Applicant agrees to pay any service charge assessed at the rate of 1 ½ % (18% per annum), for late payment of any invoice. Applicant agrees to pay for all collection and/or attorney fees, related costs and subsequent interest charges for any balance placed for collection. Applicant further agrees to the creditor’s terms of sale, a copy of which was included with this credit application. Should applicant, at some future time, deviate from the creditor’s terms, said creditor reserves the right to terminate future extension of credit to Applicant. If applicant’s account should become delinquent or exceed the established credit limit set by creditor, orders are subject to being shipped COD or held until payment is received by creditor bring applicant’s account to a current status.

**Applicant agrees that creditor shall have a security interest in any and all item purchased by applicant until the purchase price for such items has been paid in full. Applicant authorizes the creditor to file a financing statement describing the collateral.**

If there is any change in the status of the applicant (name, address, principals, tax number, etc.) then notification in writing must be made to the creditor and a new credit application may have to be completed.

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

**Owner/Officer Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

IN ORDER TO PROCES THIS CREDIT APPLICATION, ALL INFORMATION MUST BE COMPLETED. PLEASE ALLOW TWO WEEKS FOR THE PROCESSING OF YOUR APPLICATION.

**Return To:**

[accounting@dobiesupply.com](mailto:accounting@dobiesupply.com) (PREFERRED)

**Or by mail: Dobie Supply LLC**

**Attn: Credit Department**

**601 Commercial Dr**

**Buda, TX 78610**

**Phone: 512-437-6499 Fax: 512-444-0796**

**FOR DOBIE SUPPLY, LLC USE ONLY**

Credit Approved: \_\_\_\_ YES \_\_\_\_ NO Approval \_\_\_\_\_ Date Approved \_\_\_\_\_

Type of Credit Approved: \_\_\_\_ COD/Cash \_\_\_\_ COD/Check \_\_\_\_ Open – Line of Credit Approved \$ \_\_\_\_\_