



**DOBIE
SUPPLY, LLC**
CREDIT APPLICATION

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 No. _____ Fax No. _____ Rated in D & B: ___ Yes ___ No Rating _____

Federal I.D. No. _____ or Owners SSN _____

Nature of Business _____ Yrs in Business _____ No. of Employees _____

Type of Account Requested: ___ C.O.D./Cash ___ C.O.D./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 No. _____

PRINCIPAL OWNERS/OFFICERS

	NAME	TITLE	HOME ADDRESS	CITY, STATE, ZIP	HOME PHONE NO.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

COMMERCIAL CREDIT REFERENCES *(Please furnish complete addresses, as we mail inquiries.)*

	COMPANY NAME	ADDRESS	CITY, STATE, ZIP	PHONE NO. & FAX NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

BANK REFERENCE

Name of Bank _____ Phone No. _____

Address _____

City _____ State _____ Zip Code _____

Account Manager _____ Loan Account No. _____

Checking Account No. _____ Savings Account No. _____

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 or oral credit report from any credit reporting agency. The 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 applicant's 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 arrangement with said applicant.

Upon credit approval, terms are net 30 days. Applicant agrees to pay any service charge assessed at the rate of 1-1/2% per month (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 C.O.D. or held until payment is received by creditor to bring applicant's account to a current status. **Applicant agrees that Creditor shall have a security interest in any and all items 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 PROCESS THIS CREDIT APPLICATION, ALL INFORMATION MUST BE COMPLETED. PLEASE ALLOW TWO WEEKS FOR THE PROCESSING OF YOUR APPLICATION.

Return To: Dobie Supply, LLC
Attn: Credit Department
3809 S. 2nd Street Suite D-200
Austin, Texas 78704
Telephone: (512) 437-6499
Fax: (512) 444-0796
Email: robin@dobiesupply.com

FOR DOBIE SUPPLY, LLC USE ONLY

Credit Approved: ___ Yes ___ No Approval _____ Date Approved _____

Type of Credit Approved: ___ C.O.D./Cash ___ C.O.D./Check ___ Open - Line of Credit Approved \$ _____