

TEXAS PAINT & WALLPAPER CO.

COMMERCIAL CREDIT APPLICATION

DO NOT FAX / Mail signed original to: Texas Paint & Wallpaper Co. - 4410 Ross Avenue - Dallas, Texas - 75204

PERSONAL ACCOUNT INFORMATION (*Required Information for non-business accounts)

*Name _____ *Date of Birth ____/____/____
FIRST MIDDLE LAST

*Home Address _____ *City _____ *State _____ *Zip Code _____

*Home Phone (____) _____ Home Fax (____) _____ Cell Phone (____) _____

Social Security No. _____ *D.L. # _____ *D.L. # State Issued _____

Credit Limit Requested: _____ Email Address _____ @ _____

*Have you ever declared bankruptcy? YES NO

*Who is allowed to sign on your account? (If more room is needed attach a separate sheet.)

NAME NAME NAME NAME

BUSINESS ACCOUNT INFORMATION (*Required information for businesses and organizations)

*Business Name _____ *Phone # (____) _____ Fax # (____) _____

*Physical Address _____ *City _____ *State _____ *Zip Code _____

*Billing Address _____ *City _____ *State _____ *Zip Code _____

*Date business started: ____/____/____ *Business type: Partnership Corporation Sole Proprietorship L.L.C. L.L.P.

*Tax Payer ID#: _____ *Do you require a W-9 form? (Please Check One) YES NO

*List All Members of Record:

NAME / TITLE RESIDENCE ADDRESS CITY STATE ZIP CODE

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*Do you use Purchase Orders? YES NO *Have you ever declared bankruptcy? YES NO

*Accounts Payable Contact: _____ *Phone # (____) _____ Fax # (____) _____

Credit Limit Requested: _____ Email Address _____ @ _____

*Who is allowed to sign on your account? (If more room is needed attach a separate sheet.)

NAME NAME NAME NAME

NAME NAME NAME NAME

NAME NAME NAME NAME

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BANK & TRADE REFERENCES (*Required information for all accounts)

*BANK NAME	*ADDRESS	*CITY	*STATE	*ZIP CODE	*CHECKING ACCOUNT #	
*FIRM NAME	*ADDRESS	*CITY	*STATE	*ZIP CODE	*PHONE NUMBER	ACCOUNT NUMBER
*FIRM NAME	*ADDRESS	*CITY	*STATE	*ZIP CODE	*PHONE NUMBER	ACCOUNT NUMBER
*FIRM NAME	*ADDRESS	*CITY	*STATE	*ZIP CODE	*PHONE NUMBER	ACCOUNT NUMBER

CREDIT ACCOUNT TERMS (Terms apply to all accounts)

I / We understand and acknowledge that the information furnished on this application is for the purpose of obtaining personal and/or business credit information and may include inquiries to the credit bureau. That I/we are authorized, in my/our capacity, to bind myself/our firm accordingly. All amounts, or monies, owed to Texas Paint & Wallpaper Company shall be due and payable.

TERMS OF SALE: 2%, 15 DAYS / NET 30 DAYS. All accounts not settled within these specified terms are subject to a **SERVICE CHARGE OF 1.5% PER MONTH, 18% ANNUAL** of the past due amount and if necessary all legal and collection fees. To qualify for the 2%, 15 day pre-tax credit, your complete payment must be received no later than 15 days from the date of invoice by cash or check. No pre-deductions will be allowed on payments. Accounts that are inactive for 24 months are subject to a new credit application being submitted.

CHANGES TO ACCOUNT (Applies to all accounts)

It is further understood that it is my/our responsibility to notify Texas Paint & Wallpaper, in writing, of any changes to the names of those who are authorized to sign on my/our account, or any changes to the information given herein, and that said written notice must be acknowledged by Texas Paint & Wallpaper. Texas Paint & Wallpaper does not accept any responsibility for an out-of-date signature list. The credit terms, policies and fees contained herein and agreed upon, are subject to change by Texas Paint & Wallpaper Company.

IF A PARTNERSHIP, BOTH PARTNERS MUST SIGN THIS APPLICATION.

By my/our signature(s) below, I/we acknowledge that I/we understand and agree to the above terms and conditions.

PRINT NAME & TITLE	SIGNATURE	DATE
PRINT NAME & TITLE	SIGNATURE	DATE

CREDIT CARD PAYMENT OPTION

As a convenience to our customers, Texas Paint & Wallpaper will allow customers to pay their account balance, by statement, each month with a credit card. You may also use your credit card to pay any over terms balances to protect your good credit.

MAJOR CREDIT CARD	CREDIT CARD NUMBER	NAME ON CARD	EXPIRATION DATE
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I authorize Texas Paint & Wallpaper to bill all current and any past due balances, including any service charges and legal fees, that may be incurred, to the credit card listed above.

Signature _____ Printed Name _____ Date ____/____/____

PERSONAL GUARANTEE: In consideration of credit being extended to me and/or the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is absolute, complete and continuing and no notice of the indebtedness, or any extension of credit already, or hereafter contracted by, or extended need be given. These terms may be rearranged, extended and/or renewed without notice by Texas Paint & Wallpaper Company.

PRINT NAME & TITLE	SIGNATURE	DATE
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FOR OFFICE USE ONLY: Account Approved Account Not Approved

Date _____ Credit Limit Amount _____ Assigned Account No. _____

Credit Manager _____ Notified _____ Account Maintained at Store Location _____

Salesperson Assigned _____ Sales Tax Status _____ SSP _____