



**CREDIT APPLICATION FORM**  
(Please fax Credit Application to John Orlando @ 713-266-8660 or  
e-mail to jorlando@theplazagr.com)

The following confidential information is furnished to The Plaza Group with the intention that it is to be used by them in establishing a credit account and if credit is extended. I, We, or either of Us, agree to pay for services supplied by The Plaza Group at their offices in Houston on or before the dates established by them as their terms of credit. A copy of your latest two years' financial statements is also requested to aid us in making a more prompt and accurate decision.

LEGAL NAME \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

DUNS NUMBER OF APPLICANT \_\_\_\_\_

PLEASE INDICATE: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Tax ID# \_\_\_\_\_ Number of years in business \_\_\_\_\_

**1. PRINCIPAL/OFFICERS**

NAME \_\_\_\_\_ Address \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ Address \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

**2. CREDIT REFERENCES**

NAME \_\_\_\_\_ ACCT# \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ ACCT# \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ ACCT# \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ ACCT# \_\_\_\_\_ City/St \_\_\_\_\_ Phone \_\_\_\_\_

**3. BANK REFERENCES (include location, acct #, officer & phone #)**

a. \_\_\_\_\_

b. \_\_\_\_\_

**4. ACCOUNTS PAYABLE MANAGER**

NAME \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_