

CREDIT APPLICATION FORM
(PLEASE FAX CREDIT APPLICATION TO Yolanda Rubio-(713)266-8660)
Or Email to : yolandarubio@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 _____

Fax _____

NAME _____ ACCT# _____ City/St _____ Phone _____

Fax _____

NAME _____ ACCT# _____ City/St _____ Phone _____

Fax _____

NAME _____ ACCT# _____ City/St _____ Phone _____

Fax _____

3. Accounts Payable Contact/ MGR.

NAME _____ PHONE _____ Email _____

Accounts Payable Mgr.

Name _____ Phone _____ Email _____

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

a. _____
b. _____

COMPLETED BY: _____ **TITLE:** _____

DATE: _____