



sales@basshays.com

(800) 258-2278 TOLL FREE

(972) 263-1360 METRO

(972) 263-0091 FAX

www.basshays.com

## APPLICATION FOR CREDIT

Please provide all information requested, incomplete or unsigned forms will not be accepted:

DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

(NOTE- If your company is a subsidiary of a parent company, submit all information regarding the parent company as well.)

DBA/SUBSIDIARY: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: Y: \_\_\_ N: \_\_\_ WEB ADDRESS: \_\_\_\_\_

**BUSINESS TYPE:** PROPRIETORSHIP: \_\_\_ PARTNERSHIP: \_\_\_ CORPORATION: \_\_\_ DATE OF STARTUP: \_\_\_\_\_

NUMBER YEARS AT ABOVE ADDRESS: \_\_\_ EVER FILED BANKRUPTCY? Y: \_\_\_ N: \_\_\_ STATE: \_\_\_ DATE: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \$ \_\_\_\_\_

**Complete following ONLY if incorporated:** (Complete tax exemption form if tax exempt)

DATE INCORPORATED: \_\_\_\_\_ STATE: \_\_\_\_\_ CHARTER # \_\_\_\_\_

Type: C: \_\_\_ S: \_\_\_ LLC: \_\_\_ TAXABLE Y: \_\_\_ N: \_\_\_ EXEMPT Y: \_\_\_ N: \_\_\_ TAX ID # \_\_\_\_\_

**DIRECTORS / OFFICERS / PRINCIPALS**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**REGISTERED AGENT:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**BANK REFERENCES**

1. BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CREDIT / TRADE REFERENCES

Please list at least three (3) references, do not list any credit cards or unsecured accounts

1. NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NOTES OR ADDITIONAL INFORMATION YOU WOULD LIKE BASS & HAYS TO CONSIDER:**

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**COMPLETE THE TAX EXEMPTION CERTIFICATE IF TAX EXEMPT:** NO TAX EXEMPTION(S) WILL BE GIVEN WITHOUT COMPLETE AND VALID TAX EXEMPTION CERTIFICATE(S) ON FILE. CONTRACTORS EXEMPT "BY JOB" MUST FILE SEPERATE EXEMPTION FOR EACH JOB OR NO EXEMPTION(S) WILL BE GIVEN. NO EXCEPTIONS.

## AGREEMENT & CONDITIONS

Providing information and signing this application does not guarantee extension of credit. All information required must be provided or credit cannot be considered. If credit is extended, all invoices are to be paid **NET 30 DAYS** from the date the invoice is signed. No exceptions. A signed invoice constitutes acceptance of material and will be bound by the terms of this agreement. Any claims arising from any invoices must be made within seven working days. In the event said account is not paid within thirty (30) days of the date provided, I/we agree that interest shall be added at the rate of Eighteen (18%) percent per annum from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate of Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees. This agreement shall be construed under and in accordance with the laws of the State of Texas, and all services under this agreement are performable in Dallas County, Texas.

I hereby authorize Bass & Hays Foundry, Inc. and it's assigns to make inquiries into the references that I have furnished, and to pull credit reports and/or any other information necessary in evaluating credit worthiness. I hereby authorize the references listed in this credit application to release information to Bass & Hays Foundry, Inc. and it's assigns to verify the information contained herein. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended by Bass & Hays Foundry, Inc.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND I AGREE TO ABIDE BY THEM:

### Person responsible for accounts payable:

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

## FOR PROPRIETORS, PARTNERS, & S-CORPS IN U.S.

I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT ON MY CREDIT HISTORY.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**PERSONAL GUARANTEE**

*At least one signature required to guarantee account if company has been in business less than five (5) years.*

For goods and other valuable consideration of extension of credit to applicant, I/we, the undersigned, do personally, absolutely and unconditionally guarantee the full and punctual payment and satisfaction of all charges to the above account in accordance with the terms stated above.

1. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

2. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Accepted for Bass & Hays Foundry, Inc.

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

CONTROL/ACCOUNT #: \_\_\_\_\_

NOTES OR ADDITIONAL INFORMATION:

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\_\_\_\_\_  
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\_\_\_\_\_