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BUSINESS CREDIT APPLICATION

LEGAL COMPANY NAME: _____

Business Start Date _____ Credit Limit Desired: _____

Physical Address: _____

E-Mail Address for Invoices: _____

Phone Number: _____

A/P Contact Name: _____ A/P Phone Number: _____

Owner or Officer: _____ Owner or Officer Phone: _____

Federal ID# _____

Tax Status: ___ Taxable ___ Exempt Exemption/Resale Number: _____

If purchases are exempt from sales tax a signed exemption or resale certificate must be attached.

Purchase Order Numbers Required? ___ Yes ___ No

List any Specific purchase requirements _____

TRADE REFERENCE/BANK/BONDING COMPANY

Supplier Name: _____ Phone: _____

E-Mail: _____

Supplier Name: _____ Phone: _____

E-Mail: _____

Supplier Name: _____ Phone: _____

E-Mail: _____

Purchase certifies that it is solvent and capable of meeting it's obligations hereunder and that all information provided to Seller is true, accurate and complete. All such information has been submitted for the purpose of obtaining credit. All invoices are due and payable 30 days after DELIVERY not by Invoice Date. **IF ACCOUNT IS PLACED IN COLLECTIONS THE APPLICANT IS LIABLE FOR ALL ATTORNEY FEES AND OTHER RELATED CHARGES.**

Authorized Signature: _____

Print Name: _____

Date: _____