



CREDIT DEPARTMENT  
 FAX NUMBER  
 214-340-9485  
 PHONE NUMBER  
 214-503-1400

Mailing Address  
 COBRA CAPS  
 PO BOX 550668  
 DALLAS, TX 75335-0668

Application For  COD Company Check (Legible copies of driver's license and info required same day approval)

Check signor's name \_\_\_\_\_ Signature \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Application For  Net 15 Amount \$ \_\_\_\_\_ (Legible copies of driver's license, info, credit references, personal guarantee required several days approval)

Date \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Sales Tax Permit No. \_\_\_\_\_ (Texas company only)

Name of firm \_\_\_\_\_ Date business started \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Web address \_\_\_\_\_

LLC  Partnership  Proprietorship  Corporation  Non-Profit Organization

Name and Title \_\_\_\_\_ Drivers License No. \_\_\_\_\_ Home Address w/ State \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Accounts payable contact name \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

**CREDIT REFERENCES:** ASI# \_\_\_\_\_ PPAI# \_\_\_\_\_

1. Bank Name \_\_\_\_\_ Address (city, state) \_\_\_\_\_ Phone No. \_\_\_\_\_ Acct.# \_\_\_\_\_ Officer \_\_\_\_\_

2. Name \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. (required) \_\_\_\_\_

3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. (required) \_\_\_\_\_

4. Name \_\_\_\_\_ Acct.# \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. (required) \_\_\_\_\_

I (We) understand that the information furnished to you on this page is for the purpose of obtaining business credit from your firm. That I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due shall be due and payable at your place of business. That all past due accounts, notes, or judgments shall automatically draw interest at the rate of eighteen per cent (18%) per annum. I (we) understand that an individual credit report may be required.

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**PERSONAL GUARANTEE:** In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension or credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended, and/or renewed without notice to me. That I will, within five days from date of notice that the account is past due, pay the amount due. I understand that an individual credit report may be required.

Name/Signature \_\_\_\_\_

Completed Application Required for Processing

Make Copy and Fax