Texas Ragtime Net 30 Credit Application

www.TexRag.com P.O Box 2401 Athens, TX 75751
Ph: 903-670-1250 Fax: 903-670-1255 Email: sales@texrag.com

Business name:_____Date:_____
Contact name:_____ Title:_____
Phone:_____Fax:_____
Buyer Contact Name:_____ Email:_____
AP Contact Name:_____Email:_____
Physical Address:_____City:_____State:____Zip Code_____
Billing Address:_____City:_____State:____Zip Code_____

Business Organization: ☐ Corporation ☐ Partnership ☐ Individual
Name of Parent Co: (If Subsidiary)_____
Date Started:_____Date Incorporated:_____State of Inc:_____
Resale Permit # (If non-taxable)_____ Federal ID#_____

OFFICERS, PARTNERS OR INDIVIDUAL OWNERS:

Name: _____Title:_____
Name: _____Title:_____
Name: _____Title:_____

BANK REFERENCE:

Bank:_____Contact:_____
Address:_____ City:_____State:_____Zip Code _____
Account No:_____ Fax: _____
Phone No:_____Email:_____

TRADE REFERENCES

Company Name:_____
Contact Name: _____
Phone:_____Fax : (Required)_____

Company Name:_____
Contact Name: _____
Phone:_____Fax : (Required)_____

Company Name:_____
Contact Name: _____
Phone:_____Fax : (Required)_____

Company Name:_____
Contact Name: _____
Phone:_____Fax : (Required)_____

Invoice preference: ☐ Mail ☐ Fax_____
☐ Email_____