

UVAC, INC
Credit Application

Name of Business (_____) _____
(Area Code) Phone No.

E-Mail Address (_____) _____
(Area Code) Fax No.

Main Contact Person Address (Street)

Year Business Opened/Started Address (City, State, Zip)

Form of business (check one):

individual general partnership
 corporation limited partnership
 LLC other (_____)

State of Formation: _____; Year Formed/started: _____; Fed ID No.: _____

List Any Business Assumed Names: _____

Name(s) of Business Owner(s)	Position/Title	% Ownership
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1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Trade References:

Name	Address	Telephone No.	Fax No.
1. _____	_____	(_____) _____	(_____) _____
2. _____	_____	(_____) _____	(_____) _____
3. _____	_____	(_____) _____	(_____) _____

PLEASE INCLUDE FAX NUMBERS TO AVIOD DELAYS.

Bank Reference:

Bank Name Bank Officer's Name (_____) _____
Telephone. No.

Address (Street) City and State Account No.

Person Responsible for Paying Applicant's Bills:

Name: _____ Title: _____

Recent Financial Statements Attached: Yes ____ No ____

Credit Line amount Requested: \$_____.

I/We agree that: (a) Texas law applies without regards to its conflict of law rules, (b) all of the information on this form is correct, (c) you (UVAC, Inc.) are authorized (to assist it in making a credit decision) to obtain a credit report on me/us and to contact the references listed herein, and (h) I/We direct such reporting companies and references to fully cooperate with the investigation of our credit.

Signed on: _____, 20____

Signature Title: _____

Print Name: _____