



HUFco  
 14020 Aston  
 Houston, TX 77040  
 Phone: 713-460-0810  
 Fax: 713-460-1073

**Inner Office Use**

|  |              |         |
|--|--------------|---------|
| <input type="checkbox"/> Credit Approved | Credit Limit | Sales # |
| <input type="checkbox"/> Credit Denied   | Reason       |         |

## CREDIT APPLICATION

|   |                   |   |                      |
|---|-------------------|---|----------------------|
| Business Name:  |                   | Type of Business:   |                      |
| Billing Address:  | Shipping Address: |   | How long in Business |
| City:   | City:             | Phone:  |                      |
| State:  | Zip Code:         | State:  | Zip Code:            |
| Contact:  |                   | Title:  |                      |
| Type of Ownership: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership |                   |   |                      |
| <input type="checkbox"/> Other: _____   |                   |   |                      |
| Accounts Payable Name:  | Phone:            | Fax:  | E-mail:              |
| Bank Name:  |                   | <input type="checkbox"/> Checking <input type="checkbox"/> Loan |                      |
| Contact:  | Phone:            | Fax:  |                      |

### Principals

| Name | Address: (if different than above) | Phone |
|------|------------------------------------|-------|
|      |                                    |       |
|      |                                    |       |
|      |                                    |       |

### Credit References

| Company Name | Contact | Phone | Fax |
|--------------|---------|-------|-----|
|              |         |       |     |
|              |         |       |     |
|              |         |       |     |
|              |         |       |     |

I acknowledge and agree that at an interest rate of four percent per month will be charged on all balances unpaid after 30 days from the date said amount incurred.

In the event of default and referral to an attorney or collections agency, I agree to all cost of collections including attorney's fees.

I understand that the above information is given for the purpose of obtaining credit and I certify that all the above information is complete and accurate as of the date on this application.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_