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*Credit Application*

To obtain terms, complete the following credit application. Upon submission, we will process your application and upon approval, give you a credit limit and terms to open an account. Upon submission of application, more information may be required.

Once you have completed filling out the application, please fax the application back, using the provided fax cover sheet, to our finance department at (512) 394-9475.

**GENERAL INFORMATION**

Legal Status:  Corporation  Partnership  \*Proprietorship  LLC

Tax Identification #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*Proprietorship requires a SSN

State Tax Permit #: \_\_\_\_\_ Dun & Bradstreet: \_\_\_\_\_

Incorporation State: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Web Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**BILLING INFORMATION**

Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SHIPPING INFORMATION**

Contact Person: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK INFORMATION #1**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number #1: \_\_\_\_\_

Account Number #2: \_\_\_\_\_

Account Number #3: \_\_\_\_\_

Types of Accounts or Loans: \_\_\_\_\_

\_\_\_\_\_

**BANK INFORMATION #2**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number #1: \_\_\_\_\_

Account Number #2: \_\_\_\_\_

Account Number #3: \_\_\_\_\_

Types of Accounts or Loans: \_\_\_\_\_

\_\_\_\_\_

**NAMES OF OFFICERS, PARTNERS, OR PROPRIETORS**

1. \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have any principles of this company been involved in bankruptcy proceedings under the name of any other company? If yes, please provide details: \_\_\_\_\_

Has this company been involved in any bankruptcy proceedings?  Yes  No  
If yes, please provide details: \_\_\_\_\_

**TRADE REFERENCES (affiliated companies cannot be considered as references)**

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are there any open law suits for nonpayment or any other obligations or unsatisfied mechanics or tax liens?

Yes

No

If yes, please provide details below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Credit Application

The undersigned ("DEBTOR") hereby makes this application to Absolute HR Solutions ("CREDITOR") and in making this application the undersigned agrees that all amounts payable on or before the due date, as shown on each invoice, shall be paid, and if not paid on or before said date, are then delinquent. Should credit availability be granted by creditor, all decisions with respect to the extension or continuation of credit shall be in the sole discretion of creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that creditor may impose and charge a finance charge or delinquency charge which is the lower of one half percent (1 1/2%) per month or highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, if legal proceedings are instituted for the collection of any amount unpaid on the undersigned's account ("evidence of indebtedness") with creditor, the debtor agrees to pay, in addition to the outstanding balance, reasonable attorney's fees in accordance with applicable law.

**Terms and Conditions of Sale:** The undersigned agrees to pay for all billings according to the terms of creditor which are \_\_\_\_\_. No terms or conditions of purchase orders different from the terms of creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by creditor. Payments may be applied against open charges at the discretion of the creditor. On request the undersigned agrees that the continued solvency of the undersigned is a precondition to any sale made by creditor. The undersigned agrees to provide creditor a statement representing that undersigned is and remains solvent. The undersigned acknowledges and agrees that creditor may utilize outside credit reporting services to obtain information about the undersigned. The laws of the State of Texas shall be applicable to all suits arising under any agreement between the undersigned and the creditor. The person signing this application certifies that he/she is authorized to sign on behalf of the undersigned and has the authority to legally bind the undersigned and that all of the information contained in this application, is true and correct to the best of their information, knowledge and belief. Applicant, in submitting this application for the purpose of obtaining credit, authorizes creditor company to contact references provided to obtain any information pertaining to the applicant's credit worthiness.

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

I certify that the information in the above application is complete and true. Submission of this application gives authorization to check the credit application with all available credit bureaus, to check credit references, and the right to ask questions pertaining to the authenticity of application. All applications are subject to approval.

**Personal Guarantee:** In order to obtain credit from Absolute HR Solutions I hereby guarantee the payment of all debts incurred by the above noted company, even if the invoice is made out to a corporation, partnership, proprietorship or LLC.

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

# Private Fax

Thank you for your business.

To: Absolute HR Solutions	From:
Fax: (512) 394-9475	Pages: 7 including cover sheet
Phone: (512) 301-6400	Date: / /
Re: Credit Application	CC

Urgent     For Review     Comment     Reply     Recycle

## COMMENTS: