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P.O. Box 1525

1110 Pamela Drive (76040)

Euless, Texas 76039

**C.R. Kinsman & Associates, Inc.**

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| --- |
| credit application |
| Company Name |  |
| Billing Address |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Fax  |  | Website |  |
| Shipping Address |  |
| City |  | State |  | ZIP |  |
| Year Established |  | Circle One: | *Corporation Partnership Proprietorship* |
| key personnel |
| President |  |
| Purchasing |  |
| Accounting |  |
| bank information |
| Name |  |  |  |
| Address |  |  |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Fax  |  | Contact  |  |
| credit references (3 required) |
| Name (1) |  |  |  |
| Address |  |  |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Fax  |  | Website |  |
|  |
| Name (2) |  |  |  |
| Address |  |  |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Fax  |  | Website |  |
| Name (3) |  |
| Address |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Fax  |  | Website |  |
| authorization and Signature (required) |
| By submitting this application, you are authorize C.R. Kinsman & Associates, Inc. to make inquiries into the banking and business/tradereferences that you have supplied. Please confirm this by signing below: |
| Printed Name |  | Date: |  |
| Signature |  |

|  |
| --- |
| for internal use only |
| Account Number |  | Credit Limit |  |
| Sales Territory No. |  | CRK SIC Code |  |
| Approved By: |  | Date Entered |  | Order Pending? |  *YES NO* |