



POOL & SUPPLY

7186 Baker Blvd. • Fort Worth, Texas 76118
817-595-1167 • Metro 817-589-7707 • Fax 817-284-7448

APPLICATION FOR BUSINESS CREDIT

DATE: _____

APARTMENT NAME _____ **STREET ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE #** _____

MANAGER _____ **FAX #** _____

MAINTENANCE _____

ACCOUNTS PAYABLE CONTACT _____ **PHONE #** _____

MANAGEMENT COMPANY _____ **STREET ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE #** _____ **FAX #** _____

Owner/President _____ **Federal ID #** _____

PROPERTY OWNER _____ **STREET ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE #** _____ **FAX #** _____

Social Security # _____

BANK REFERENCES

BANK _____ **CONTACT** _____

ADDRESS _____ **PHONE #** _____

ACCOUNT # _____

TRADE REFERENCES
used on a regular basis for the last 6 months.

COMPANY NAME _____ **PHONE #** _____ **Account #** _____
Fax # _____

COMPANY NAME _____ **PHONE #** _____ **Account #** _____
Fax # _____

COMPANY NAME _____ **PHONE #** _____ **Account #** _____
Fax # _____

COMPANY NAME _____ **PHONE #** _____ **Account #** _____
Fax # _____

Authorization: The undersigned is fully authorized by the applicant to make this agreement in order to receive credit with Splash Gordon's Pool & Supply, and verifies the information above is true and complete. Payment must be made according to our terms. OUR TERMS ARE NET 45.

AUTHORIZED SIGNATURE _____ **TITLE** _____