



5351 Brewster St. · San Antonio, TX 78233  
(210) 656-4000 · Fax (210) 656-4077

FOR OFFICE USE ONLY  
Salesman No. \_\_\_\_\_  
Type D. \_\_\_\_\_% \_\_\_\_\_  
Route \_\_\_\_\_  
Statue Y/C/M \_\_\_\_\_

**CREDIT APPLICATION**

Billing Address

Shipping Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
A / P Contact \_\_\_\_\_  
Statements email: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Purchasing Contact \_\_\_\_\_  
Fax: \_\_\_\_\_

Years in Business \_\_\_\_\_ Approximate Purchase Volume Per Month \$ \_\_\_\_\_

**OWNERSHIP**

*The following information must be provided. It will be held in strictest confidence.*

Partnership     Individual     Corporation    Incorporated in the State of \_\_\_\_\_

Name of Principals	Complete Address	Phone #
1) _____	_____	(____) _____
2) _____	_____	(____) _____
3) _____	_____	(____) _____
4) _____	_____	(____) _____

**FINANCE**

Bank \_\_\_\_\_ Complete Address \_\_\_\_\_

Bank Officer \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Checking     Savings     Loan    Acct. # \_\_\_\_\_  
 Commercial Account     Personal Account

**TRADE REFERENCES**

Bank	Complete Address	Phone #
1) _____	_____	(____) _____
2) _____	_____	(____) _____
3) _____	_____	(____) _____
4) _____	_____	(____) _____

Tax Exempt customer must attach signed exemption or resale certificate.

Check here if cash sales are okay until credit is approved. Do you require purchase orders? Y / N \_\_\_\_\_

Our terms are Net 30 from Invoice date. This Invoice will accompany the order upon delivery.  
*Any account with Invoices 45 days old will be placed on hold until account has been brought up to date.*

***We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize Cubie.Co to check credit history for the purpose of extending credit on account.***

Date \_\_\_\_\_ 20 \_\_\_\_\_ (Signed) \_\_\_\_\_  
(Position) \_\_\_\_\_  
(Officer, Owner, or Person Financially Responsible)