



502 W. Highway 82, Gainesville, TX 76240
(940) 665.6924

-----Credit Application-----

Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

A/P Phone #: _____ Tax I.D.#: _____

Email Address for Statements: _____

Years In Business: _____ Owner: _____

Anticipated number of vehicles to be serviced: _____

Credit References - Open Accounts Only

1. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____

2. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____

3. Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____

**BY SIGNING, I AGREE TO PAY ACCOUNT IN FULL WITHIN 30 DAYS OF STATEMENT DATE.
ACCOUNTS NOT PAID WITHIN TERMS ARE SUBJECT TO A 1.5% MONTHLY FINANCE
CHARGE.**

Signed: _____

Title: _____