



FOOD SERVICE SEALS, HARDWARE, ON-SITE WELDING, & FULL SERVICE FABRICATION FACILITY

Credit Application

Date_____

Company Name_____ DBA_____

Address _____ City_____

State_____ Zip Code_____ Phone_____ Fax_____

Ownership: ___ Proprietorship ___ Partnership ___ Corporation State of Inc. ___ Date:_____

Fed ID or SSN# _____

Name of Officers: _____

Title: _____

Number of years in business: _____

Business Description:_____

Credit Line requested: \$_____

Accounts Payable Contact:_____

Phone:_____ Fax:_____ Email:_____

Please provide name, address, city, state, phone # and fax # of four credit references

1. _____

2. _____

3. _____

4. _____

By submitting the following opening of account request, we acknowledge that Seal Tex, Inc. has a serious and legitimate interest in setting up a credit file on our behalf. For this purpose, we acknowledge that they have the permission to collect all pertinent information in regards to our credit and our financial situation, and we irrevocably authorize and instruct by means of banks or financial institutions that we have dealings with from time to time communicate upon to Seal Tex all information which could be required from time to time by the latter on our credit or financial situation.

Date

Signature of President/owner

Printed name

8435 Directors Row Dallas, TX 75247 (214) 688-7770 Fax (214) 688-7710