



UAC

**P.O. Box 299
1441 Heritage Pkwy
Mansfield, TX 76063
Phone: 817-740-3900
FAX: 817-740-3997
Salesperson: Phone:**

Credit Application (Please Print)

(PLEASE NOTE: IF YOU WOULD LIKE TO SET UP A C.O.D. ACCOUNT, PLEASE COMPLETE ALL COMPANY, CONTACT, AND BANK INFORMATION; SIGN AND DATE THE CREDIT APPLICATION)

**** All information herein will be kept in strict confidentiality unless applicant authorizes its release. ****

COMPANY NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE NUMBER _____ PRIMARY FAX NUMBER _____

FEDERAL TAX ID _____ TEXAS SALES TAX ID _____

If you are located in or have locations in the state of Texas, please complete the Texas Sales and Use Tax Resale Certificate form provided by your salesperson. If you need a form, please contact Accounts Receivable at the number above.

Any invoice which is the subject of different due dates or "dated billing" will become all due when one of the installments or due dates is not complied with. By "comply with" means UAC must have received payment on or before the installment due date.

In the event that UAC has to use the services of an attorney, customer will be liable for all cost, expense and attorney fees.

The undersigned is a legal representative of:

If Company _____
Name of Company _____ Date _____

If Partnership _____
Name of Partnership _____ Date _____

If Personal _____
Name of Person Responsible for Account _____ Date _____

CONTACT INFORMATION

1. WEBSITE ADDRESS _____

2. BUYER/PURCHASER _____

Phone Number _____

Email address _____

3. ACCOUNTS PAYABLE _____

Phone Number _____

Email address _____

How would you like the invoices, credit memos, and statements sent to you?

1. Email _____ Email Address _____

2. Fax _____ Fax Number _____

3. Mail _____ All mail will be sent to the address listed on the first page of the application.

SHIPMENT INFORMATION

1. Shipping Address: _____

City _____ State _____ Zip Code _____

2. What is your preferred shipping company?

UPS _____ Account Number _____

FedEx _____ Account Number _____

Other _____
Freight Company _____ Account Number _____

Pick Up _____

Collect _____ Freight Company _____

If you choose a freight option which requires your shipment to be charged freight and wish to have the amount charged to your freight company account, please provide the account number above so that we may be able to set up your shipping information correctly.

3. Do you allow backorders? Yes _____ No _____

4. Is your business located in a Residential _____ or Commercial _____ area?

1. Bank Name: _____
Address: _____
City _____ State _____ Zip Code _____
Phone: _____ FAX #: _____
Contact Person: _____
Account #: _____

TRADE REFERENCES (PLEASE PRINT)

2. PLEASE PROVIDE THREE (3) CREDIT REFERENCES.

1. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

2. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

3. Company Name _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

The undersigned is a legal representative of:

Name of Company Date

I hereby request all organizations to release credit information on my company.

Signed: _____
Authorized Signature Date