



Credit Application—required information

Company Name (include d.b.a.) _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Organization: Sole Owner Partnership C Corporation S Corporation LLC LLP

Date Business Started _____ Date Incorporated _____ State Incorporated _____

SSN/FIN: _____ State Sales Tax No.: _____ State Issued _____

Business Location: _____ Store Front (square footage _____) Mobile Unit (dimensions _____)

Owner(s)/Partner(s) Information

Name	Address	Phone#	SSN#	% Owned

Accounts Payable Contact _____ Phone _____ ext. _____

Purchase Orders Required? Yes No If yes, please list buyer(s) _____

Trade Reference Information Please fill out completely, incomplete information may delay your account status.

Name	Address	Phone#	Fax# (Required)

Payment Terms Requested: COD COD/Company Check Money Order Credit Card Open Account (Net 30)

Bank Reference Information

Name	Address	Phone#	Fax#	Contact

Please list your checking account information on the first line. List loan or other accounts on the second line.

I (We) have completed this application with the intent of opening an account with Pro Equine. By signing below, I agree to allow Pro Equine to contact the trade and bank references listed and agree to allow all information requested within the scope of this application to be released to Pro Equine or its agent. This application may be produced for references to verify the release. In addition, I agree that Pro Equine may verify this information with any other sources it uses or deems necessary.

This agreement will be governed in accordance with the laws of the State of Texas. For the purpose of resolving any issue pertaining to conflict of laws or otherwise, this agreement shall be fully and solely executed, performed and/or observed in the State of Texas. The parties hereto also expressly consent to personal jurisdiction in the State of Texas in the action or proceeding brought in any court therein, state or federal, arising from alleged facts part of any transaction between the parties pursuant to this agreement.

I (We) accept responsibility and willingness to pay any amounts owing for purchases and applicable fees in the event Pro Equine cannot receive full payment from the company.

Applicant Signature _____ Applicant Title _____

Applicant Printed Name _____ Date _____

Date Received: _____ Date(s) Sales Rep. Called: _____	Sales Rep. Comments: _____ _____ _____
Date Credit Requests Faxed: _____ Account: _____ Approved _____ Denied _____	
Terms Applied: _____ Credit Mgr. Approval: _____	
Date Account Opened: _____	