

TEXAS SPECIALTIES

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E-Mail sales@texasspecialties.com www.texasspecialties.com

NEW ACCOUNT INFORMATION SHEET/CREDIT APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____ EMAIL: _____

SHIP TO ADDRESS: _____

THIS BUSINESS IS A: Corporation _____ Partnership _____ Ltd. Partnership _____ Sole Prop. _____

IF INCORPORATED, IN WHICH STATE? _____ FIN OR SALES TAX # _____

HOW LONG IN BUS? _____ TYPE OF BUSINESS _____

OWNER/OFFICERS (NAME-TITLE): _____

BUYER/CONTACT PERSON: _____ EXT. #: _____

CERTIFICATE OF RESALE, LEASE OR RENTING

I hereby certify: that the above named company holds limited Sales Tax Permit Number, noted below, issued pursuant to the Limited Sales, Excise and Use Tax Law, and that the tangible personal property described below, or which is shown in the attached order of invoice which is made a part hereof, which I will purchase from TEXAS SPECIALTIES, will be resold, rented or leased by me in the form of tangible personal property, however, if I make any use of the tangible personal property other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, the use shall be taxable to me as of the time when the tangible personal property is first so used, and the sales price of the tangible property to me shall be deemed the measure of the tax.

DESCRIPTION OF THE PROPERTY TO BE PURCHASED _____

SALES TAX RESALE CERTIFICATE NUMBER: _____ STATE: _____

Complete this section if applying for C.O.D. or payment with Credit Card:

C.O.D. _____ MC, AMEX, VISA (Circle one) # _____ Exp. Date _____

Complete this section if applying for Open Credit:

TRADE REFERENCES:

| COMPANY NAME | CITY/ST | PH# | FAX# | CONTACT |
|--------------|---------|-------|-------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

_____ Check here if COD or Credit Card is acceptable until open credit is approved.

I certify that all the information on this form is correct and authorize TEXAS SPECIALTIES to obtain a written or oral report from any credit reporting agency, applicant further authorizes any commercial business to give any and all necessary information to the creditor which will assist creditor in the investigation. If credit is extended, I agree to pay all debts incurred within the terms of sale. Should the debt become past due, I expressly agree to pay a service fee at the rate of 18% per annum. Any service fee charge not paid when due shall be subject to additional service fees. I further expressly agree to pay reasonable collection costs and/or attorney fees incurred in connection with the collection of this account. There will be a return check fee of \$25.00

APPLICATION MUST BE SIGNED TO BE PROCESSED.

Applicant's Name _____ Title _____ Date _____

TEXAS SPECIALTIES USE ONLY

APPROVED: _____ ACCT. HISTORY UPDATED: _____ CUST. NOTIFIED: _____
06/01/2011