



**TEXAS BRANCHES**

**AUSTIN:**

9705 BURNET ROAD  
SUITE # 312  
AUSTIN, TX. 78758  
PHONE (512) 832-8328  
FAX (512) 832-6633  
TOLL FREE (888) 621-0188

**HOUSTON:**

1434 W. SAM HOUSTON  
PKWY. N. # 190  
HOUSTON, TX. 77043  
PHONE (713) 464-7002  
FAX (713) 464-3531  
TOLL FREE (888) 4464-7002

**SAN ANTONIO:  
Corporate Office**

11906 WARFIELD  
SAN ANTONIO, TX. 78216  
PHONE (210) 349-6161  
FAX (210) 341-0695  
TOLL FREE (800) 486-1323

**RIO GRANDE VALLEY**

**LAREDO:**  
PHONE (956) 463-6355  
FAX (210) 341-0695  
TOLL FREE (800) 486-1323

**LOUISIANA &  
MISSISSIPPI:**

1200 W. CAUSEWAY APPROACH  
SUITE# 20  
MANDEVILLE, LA. 70471  
PHONE (985) 624-3303  
FAX (985) 624-3352  
TOLL FREE (888) 464-7002

---

**COMMERCIAL CREDIT APPLICATION AGREEMENT**

**CREDIT REQUIREMENTS:** If credit information in this application does not meet our requirements, additional financial information and/or personal guaranty will be requested.

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
EMAIL / WEBSITE ADDRESS

\_\_\_\_\_  
BUSINESS FAX

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
SHIPPING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
DATE ESTABLISHED

\_\_\_\_\_  
NATURE OF BUSINESS

LEGAL ENTITY:     CORPORATION     PARTNERSHIP     MUNICIPALITY     OTHER \_\_\_\_\_

THE OWNER'S AND/OR OFFICERS ARE:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

IF INDIVIDUAL:

\_\_\_\_\_  
OWNER'S NAME

\_\_\_\_\_  
DRIVERS LIC. #

\_\_\_\_\_  
SOC.SEC. #

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
BANK REFERENCE

\_\_\_\_\_  
BANK OFFICERS NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
ACCOUNT NO.

\_\_\_\_\_  
PHONE NUMBER

*(PLEASE NOTIFY AND GIVE YOUR BANK AUTHORIZATION TO RELEASE CREDIT INFORMATION)*

THE FOLLOWING ARE THREE (3) TRADE REFERENCES THAT YOU ARE PRESENTLY DOING BUSINESS WITH.  
PLEASE FURNISH COMPLETE STREET ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER.

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

\_\_\_\_\_  
REFERENCE NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX

**SALES TAX APPLICABLE:**     YES     NO

Sales Tax will be added to all purchases unless a signed exemption certificate addressed to AMCON CONTROLS, INC. is on file.

**TERMS AND CONDITIONS OF SALES AGREEMENT:**

Terms are NET 30 from INVOICE DATE. By signing this application, it is AGREED that an interest charge of 1.5% (18% per annum) will be charged on all overdue balances past the INVOICE "DUE DATE".

I (we) understand that all information furnished herein is for the purpose of obtaining credit from AMCON CONTROLS, INC.

I (we) authorize AMCON CONTROLS, INC. to investigate my (our) bank and credit references in order to establish an open line credit for my (our) company.

**SIGNATURE OF OWNER/OR OFFICERS REQUIRED:**

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_