



APPLICATION FOR CREDIT

ACCOUNT NO#: _____

Name of Firm or Individual _____ Telephone Number _____
 Address _____ Fax Number _____
 City, State, Zip Code _____ Years in Business _____ Type of Business _____
 Billing Address (If Different From Above) _____

Please Check One: Individual _____ Partnership _____ Corporation _____ (State _____)
 If Subsidiary, Name of Parent Company _____ Tax Exempt (If Yes, Attach Appropriate Completed State Form) _____
 Name(S) of Principal(S) _____
 Home Address & Social Security Number (Required if in Business less than 24 Months) _____
 Special Billing Instructions _____ Authorized Buyers
 1) _____
 2) _____
 3) _____
Terms for Payment: (Please Check One)
P.O. Required? YES NO NET 15 E.O.M. (Statement)
 NET 30 Days (NO Statement)

BANKING REFERENCES

Name	Branch Location	Account Number	Phone #

TRADE REFERENCES

Name	Address	Account Number	Phone #

Applicant authorizes Butler Business Products to make inquiry of financial and related matters for the purpose of granting credit. Interest on past due accounts will be charged at the maximum rate permissible by law. Applicant agrees to pay all costs of collection and attorney fees should such action be necessary due to non payment within the terms above. The above TERMS FOR PAYMENT is fully understood and agreed to in consideration of extended credit.

PERSONAL GUARANTEE
 I personally guarantee this account to be paid as agreed above.
 Name (print) _____ Signature _____ Date _____

FOR OFFICE USE ONLY

References Checked By _____ Credit Approved By _____ Credit Refused By _____ Date _____
 Salesrep No. _____ Disc. Code _____ Date Received _____ Credit Limit _____

RETURN TO: 6942 Signat Drive Houston, TX 77041 Ph: (713) 461-2938 Fax: (713) 468-3028