



508 Millville Dr Henderson TX 75652

**Application Information**

Exact Legal Business Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_ Date Company Est: \_\_\_\_\_

\_\_\_\_\_  
(P.O. Box / Street Address) (City) (State) (Zip Code)

Legal Entity Type: Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ S Corporation \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer ID Number (Federal Tax Identification Number): \_\_\_\_\_

Tax Status: Taxable \_\_\_\_\_ Exempt \_\_\_\_\_ (If exempt, please complete or attach an exemption certificate that is valid)

**Principal(s) of Business**

\_\_\_\_\_  
Name Title Phone # Fax # Owner Since

\_\_\_\_\_  
Name Title Phone # Fax # Owner Since

\_\_\_\_\_  
Name Title Phone # Fax # Owner Since

**Accounts Payable Contact**

\_\_\_\_\_  
Name Title Phone # Fax # Email

**Financial Reference**

\_\_\_\_\_  
Bank Name Account # Phone # Fax # Contact

**Trade Reference**

\_\_\_\_\_  
Name City State Phone # Fax #

\_\_\_\_\_  
Name City State Phone # Fax #

\_\_\_\_\_  
Name City State Phone # Fax #

**Credit terms agreement**

I hereby certify that the information in this application is true and complete. I authorize the release of credit information from the above references in order to establish a line of credit. I agree to pay all invoices within the **net term of 10 days** from the invoice date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application to [ingridschultz@skycollc.com](mailto:ingridschultz@skycollc.com), [christina@skycollc.com](mailto:christina@skycollc.com) or [kayla@skycollc.com](mailto:kayla@skycollc.com)