

AllStyle Coil Co., L.P.

7037 Brittmore P.O. Box 40696
Houston, TX 77041 Houston, TX 77240
713 466 6333 FAX 713 466 6363 e-mail: pam@allstyle.com

CONFIDENTIAL CREDIT APPLICATION

Company Name _____ Telephone # _____

Address _____ FAX # _____

Country _____ City _____ State _____ Zip _____

Parent Company _____ Telephone # _____

Address _____ FAX # _____

Country _____ City _____ State/Province _____ Zip _____

Name of Your Bank _____ Branch _____ Telephone _____

Address _____ Country _____

City _____ State/Province _____ Zip _____

TRADE REFERENCES

Business Name _____ Telephone # _____

Country _____ Address _____ State/Province _____ Zip _____

Contact Name _____ Years Purchased _____ Fax # _____

Business Name _____ Telephone # _____

Country _____ Address _____ State/Province _____ Zip _____

Contact Name _____ Years Purchased _____ Fax # _____

Business Name _____ Telephone # _____

Country _____ Address _____ State/Province _____ Zip _____

Contact Name _____ Years Purchased _____ Fax # _____

We must receive a signed copy of your most recent financial statement and a copy of your state's sales tax or tax exemption certificate.

The above information is submitted for the purpose of establishing credit and will be held in confidence. Terms of sale are stated on each invoice. Consideration of this application is based on assurance by the applicant that all payments will be made in accordance with the Terms and Conditions of Sale of AllStyle Coil Co., L.P.

Information Submitted by: _____ Printed Name _____

Title _____ Date _____

