

## Allstyle Coil Company, L.P. Texas Furnace, LLC





C	CONFIDENTIAL CREDIT	APPLICATION			
Company Name:		Phone:	Fax:		
Address:		City:		St:	Zip:
Parent Company Name:		Phone:		Fax:	
Address:		City:		St:	Zip:
Bank Name:	Branch:	Ph		none:	
Account Number:	Account Type:	Account Type:		Fax:	
Address:		City:		St:	Zip:
	TRADE REFER	ENCES			
Business Name:		Phone:	Fax:		
Address:		City:		St:	Zip:
Contact Name:	E-Mail:			Years Purchased:	
Business Name:		Phone:		Fax:	
Address:		City:		St:	Zip:
Contact Name:	E-Mail:			Years Purchased:	
Business Name:		Phone:	Fax:		
Address:		City:		St:	Zip:
Contact Name:	E-Mail:			Years Purchased:	
The above information is submitted for the purp Consideration of this application is based on as T		Il payments well be made in			
Information Submitted By:			Printed name:		
Title:			Date:		

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

Please email completed form to: sean.shaub@allstyle.com