

Application for credit with:

Abilene Sales Inc.

P.O. Box 902

Abilene, TX 79604

Phone: (325)673-7962 Fax: (325)673-5715

Name of Firm or Individual: \_\_\_\_\_

Address: \_\_\_\_\_ Years at ths address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Corporation

Partnership

Individual

Name of principals:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Bank officer or Dept. \_\_\_\_\_

References

Business Name:

Complete Address:

Phone:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

We certify that all the information on this form is true and correct to the best of our knowledge.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_