

CREDIT APPLICATION



Remit to:
P.O. Box 4322
Tyler, TX 75712

Hydraulic & Pneumatic Solutions

TYLER
1602 W ERWIN ST.
PHONE: 903-595-4746
FAX: 903-597-0072

LONGVIEW
903 W. COTTON ST.
PHONE: 903-234-8064
FAX: 903-234-8066

LUFKIN
3403 ELLEN TROUT DR.
PHONE: 936-634-0702
FAX: 936-634-9291

ENNIS
1002 S. KAUFMAN ST.
PHONE: 972-875-8188
FAX: 972-875-9939

GARLAND
3630 W MILLER RD., SUITE 310
PHONE: 214-221-0800
FAX: 214-221-0801

Date:		Name of Business:	
Billing Address:			Phone:
City:	State:	Zip:	Fax:
Shipping Address: <small>(If different from above)</small>			AP Contact(s):
City:	State:	Zip:	
Taxable? (Y/N) _____		Are Purchase Order Numbers Required? (Y/N) _____	
<small>(If no, you must also include a copy of your exemption form)</small>			
Invoice Delivery Method (Please check <u>one</u>)		Mail _____	
		Fax _____ to _____	
		Email _____ to _____	

Bank Reference:	Phone:
Acct#:	Contact:

TRADE REFERENCES	
(1)	
Address:	
Phone:	Fax:
Email:	
(2)	
Address:	
Phone:	Fax:
Email:	
(3)	
Address:	
Phone:	Fax:
Email:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

(Signature)

(Title)

Please return this form when completed to liz@aaxioninc.com or fax to 903-597-0072