



PRINTING INC.

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CREDIT APPLICATION

FIRM NAME: _____ WEBSITE: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP CODE: _____

STREET ADDRESS: _____ CITY, STATE, ZIP CODE: _____

AREA CODE & PHONE: _____ FAX: _____ E-MAIL: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____ D&B RATING: _____

TYPE OF ORGANIZATION: CORPORATION CO-PARTNERSHIP LIMITED PARTNERSHIP INDIVIDUAL PROPRIETOR

IF CORPORATION – INCORPORATED UNDER LAWS OF WHAT STATE: _____

PRINCIPAL OWNERS OR OFFICES NAMES _____ TITLE OR POSITION _____

YOUR BANK: _____ ACCOUNT NUMBER: _____

BANK ADDRESS: _____ CITY, STATE, ZIP CODE: _____

WE ARE A NEW BUSINESS – MY LAST TWO EMPLOYERS WERE: LOCATION: HOW LONG EMPLOYED:

1. _____

2. _____

FIRMS WE NOW HAVE OPEN ACCOUNTS WITH: ADDRESS: CITY/STATE/ZIP PHONE NUMBER:

DATE: _____

SIGNED BY: _____

TITLE: _____

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