



TM Deer Park Services Limited Partnership

P.O. Box 1914
2525 Independence Parkway South
Deer Park, TX 77536
Phone: (281) 930-2525
Fax: (281) 930-2535

CREDIT APPLICATION

Business Name: _____

Business Address: _____

Amount of Credit Requested: _____

Telephone: _____ **Fax:** _____

Type of Business: _____ **How Long in Business:** _____

SS# OR ID#: _____

Type of Ownership: _____ Corp _____ Partnership _____ Individual _____ Limited Partnership

BANKS:

Name	Address	Account #	Phone	Contact

Principals in Company:

	Name	Address	Phone
1.			
2.			
3.			

Credit References:

	Name	Address	Phone
1.			
2.			
3.			

For an open account, payment is due upon receipt of invoice. I acknowledge and agree that interest of 1½% per month will be charged on all balances remaining unpaid after thirty (30) days from the date said amounts are incurred.

In the event of default and referral to an attorney or collection agency, I agree to pay all cost of collection including reasonable attorney fees.

I understand that the above information is given for the purpose of obtaining credit and certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

Customer Signature: _____

Date: _____