



TRAVIS CO. EQUIPMENT SPECIALIST
1400 N. GEORGETOWN STREET
ROUND ROCK, TEXAS 78664
OFFICE: (512) 238-9231 FAX: (512) 989-3100
CELL: (512) 914-9598

Dear Sir:

We want to take the opportunity to thank you for your interest in our company. As one of our valuable customers you will see the difference with professional, prompt and courteous service.

Since the start of our company in 2001, our goal has always been the complete customer satisfaction.

We have highly trained equipment technicians and are available to service the equipment in a professional, honest, and timely manner.

If you have any questions or concerns, please do not hesitate to call. We'll be glad to provide you with the information you are requiring to help you make the correct decision.

Again, thank you for considering our company to service your equipment. Your business will be greatly appreciated; please do not hesitate to call us.

We look forward to service you in the future, and for the relationship to be a long lasting one.

Wishing you well,

Jose Arteaga



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APPLICATION FOR CREDIT
(Please Print or Type)

Name of Company: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Billing Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Fax Number: _____

Company Contact: _____ Title: _____

Years in Business: _____ Type of Business: _____
The company is a () corporation, () partnership, () sole proprietorship, other ()
Explain: _____

If tax exempt please include number or social security: _____
Are you now or have you even been the Debtor in a cause of action before the UNITED STATES bankruptcy court? _____ If applicable give the year: _____
In the district of: _____

Do you require a purchase order: _____ Job No.? _____

All the invoices are due upon receipt, unless previous arrangements are made in writing, please indicate the requested time for payment and a contact number for review:

I have read the credit terms, and understand said terms, I hereby acknowledge and agree to make payment within the terms as stated above.

Print: _____ Signature: _____
Date: _____ Title: _____

NAME OF PRINCIPAL OFFICERS OR OWNERS

1. _____
(Full Name & Title)

(Address, Street, City, State & Zip)
2. _____
(Full Name & Title)

(Address, Street, City, State & Zip)
3. _____
(Full Name & Title)

(Address, Street, City, State & Zip)

BANK REFERENCES:

NAME OF BANK: _____

ACCOUNT No: _____

BANK OFFICER: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____
() Checking () Savings () Loan

BANK REFERENCES:

NAME OF BANK: _____

ACCOUNT No: _____

BANK OFFICER: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____
() Checking () Savings () Loan

CREDIT CHECK AUTHORIZATION FORM:

NAME OF BANK: _____

ACCOUNT No: _____

BANK OFFICER: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

() Checking () Savings () Loan

I authorize my bank to furnish credit information to TRAVIS COUNTY EQUIPMENT SPECIALIST, for the purpose of opening a charge account with their company. The bank information requested: high balance, average balance, number of non-sufficient fund checks, and promptness of loan payments in the last 12 months.

NAME: _____

SIGNATURE: _____ **DATE:** _____

TRADE REFERENCES: Please supply the following information of at least three trade references:

1. **NAME:** _____

ADDRESS: _____

PHONE: _____ **FAX NUMBER:** _____

2. **NAME:** _____

ADDRESS: _____

PHONE: _____ **FAX NUMBER:** _____

3. **NAME:** _____

ADDRESS: _____

PHONE: _____ **FAX NUMBER:** _____

All information gathered by TRAVIS COUNTY EQUIPMENT SPECIALIST, from the above references will be used in the decision to extend credit. In the event a credit account is opened, the applicant agrees to the following terms and conditions.

- A. The cash sales prices for all services and merchandise purchased by application is due upon receipt unless previous arrangements are made in writing. If charge account is approved and account reflects three late payments it will automatically return to cash status.**
- B. Applicant agrees to pay reasonable attorney's fees, all costs of courts, and any other expenses incurred by TRAVIS COUNTY EQUIPMENT SPECIALIST, in the collection of any unpaid invoice amount.**
- C. Applicant agrees that the laws of the STATE of TEXAS shall govern all rights and obligations under this agreement.**
- D. All payments shall be paid to TRAVIS COUNTY EQUIPMENT SPECIALIST, at its location at 1400 N. Georgetown Street, Round Rock, Teas 78664, in Williamson County, and the venue of any action hereunder shall be maintained in Round Rock, Williamson County, Texas.**

I acknowledge the truthfulness and accuracy of the information herein provided. I have read the application for credit and agree that the applicant is bound by its terms and conditions, and I state that I am authorized to bind the applicant to the agreement.

COMPANY NAME: _____

SIGNED: _____ **PRINT:** _____

TITLE: _____ **DATE:** _____