

UNIFRET International Texas, Inc.

APPLICATION FOR CREDIT

Please complete this application and return via fax at: 817-510-0580 or email to: lquenson@unifretintl.com

Company Name: _____	Date of Application _____
Type of Business: _____	
Street Address _____	City _____ State _____ Zip _____
Contact Person/Title _____	Telephone # _____
Fax _____	Contact Email _____ Date of incorporation: _____
Type of Ownership: _____ Individual _____ Partnership _____ Corporation _____ Sole Proprietorship	
Parent Company: _____	
Website: _____	

Products company will purchase: _____	
Credit Line Requested: \$ _____	Expected annual volume: \$ _____

Bank and Trade Reference Information	
Bank Name _____	Account Number _____
Street _____	City _____ State _____ Zip _____
Contact Name _____	Phone _____ Fax _____
Reference 1/ _____	Contact Name _____
Phone _____	Fax _____ Account # _____
Street _____	City _____ State _____ Zip _____
Reference 2/ _____	Contact Name _____
Phone _____	Fax _____ Account # _____
Street _____	City _____ State _____ Zip _____
Reference 3/ _____	Contact Name _____
Phone _____	Fax _____ Account # _____
Street _____	City _____ State _____ Zip _____

We hereby authorize the above listed Bank and Trade References to release information to Unifret International for use in the evaluation of this Credit Application request.

Signature of Principal _____ Date _____