



# QUALITY DEF SOLUTIONS

471 SOUTH HWY 16 SAN SABA, TEXAS 76877

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(325)372-3737 - FAX

Email: Sales@qualitydefsolutions.com

## Credit Application

The undersigned company is applying for credit with Quality DEF Solutions and agrees to abide by the standard terms and conditions of Quality DEF Solutions as printed. **\*\*Terms are NET (10) days from the date of invoice.**

Company Name: \_\_\_\_\_

DBA (If different from above) \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Federal Tax ID or SS #: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_ \*Contact Email: \_\_\_\_\_

\*Accounts Payable Contact: \_\_\_\_\_ \* AP Email Address: \_\_\_\_\_

Mailing address (City, State, Zip): \_\_\_\_\_

Type of Business: \_\_\_\_\_ No. Employees: \_\_\_\_\_

Date Business established: \_\_\_\_\_ Product to be purchased: \_\_\_\_\_

\*Amount of Credit requested: \_\_\_\_\_ Organization Type: \_\_\_\_\_

Authorized Purchasers: \_\_\_\_\_

Purchase Order Numbers required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Names and titles and addresses for (3) of your Chief Corporate Officers or Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX Exempt: \_\_\_\_\_ Yes \_\_\_\_\_ No Have you had credit with us before: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, under what name: \_\_\_\_\_



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**\*Trade References (REQUIRED INFORMATION) – List 3 Businesses and 1 Bank reference:**

**Reference #1**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address (City, State, Zip):** \_\_\_\_\_

**\*Email address (REQUIRED):** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_ **No of years:** \_\_\_\_\_

**Reference #2**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address (City, State, Zip):** \_\_\_\_\_

**\*Email address (REQUIRED):** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_ **No of years:** \_\_\_\_\_

**Reference #3**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address (City, State, Zip):** \_\_\_\_\_

**\*Email address (REQUIRED):** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_ **No of years:** \_\_\_\_\_

**Bank Reference:**

**Bank Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address (City, State, Zip):** \_\_\_\_\_

**\*Email address (REQUIRED):** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_



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I represent that the above information is true and is given to induce Quality DEF Solutions to extend credit to the applicant. My company and I authorize Quality DEF Solutions to make such credit investigation as Quality DEF Solutions sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Quality DEF Solutions any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Authorized signature/s:**

\_\_\_\_\_  
\_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS**

In consideration of Quality DEF Solutions extending credit to applicant, **applicant agrees to pay to Quality DEF Solutions within (10) days from the date of invoice for all service calls and items shipped to or on behalf of applicant** and to pay a finance computed at the rate of 1.5% per month (which is an annual percentage of 18 percent) applied to invoices not paid within ten (10) days from date of invoice. All payments should be made to the address shown on the invoice. Should it become necessary to place applicant’s account for collection, applicant agrees to pay all invoices, finance charges, legal and collection costs. The undersigned states and affirms he has read and understands the above agreement and is an officer of the company with authority to sign this application for credit. Applicant authorizes Quality DEF Solutions to obtain credit and financial information concerning applicant at any time and from any source. Applicant represents and warrants that the information provided herein is true and correct.

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_