

CUSTOMER APPLICATION

To avoid delays in processing, please complete both the front and the back of this form in full and return by fax to Accounting Dept., 713-351-5393. Please reference your sales representative _____.

All information obtained will be held in confidence.

Company name: _____

Company address: _____ City: _____ State: _____ Zip: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Parent company name: _____

Parent company address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of organization: Corporation Partnership Sole Proprietorship

Nature of business: _____ Date business started: _____

Officer name and title: _____

Federal Tax Identification Number: _____ or Social Security Number: _____

(Please fax Texas Resale Certificate)

Contact name and phone number in Accounts Payable: _____

Purchase orders required? Yes No

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____

Company name: _____

Company address: _____ City: _____ State: _____ Zip: _____

Billing address: _____ City: _____ State: _____ Zip: _____

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(Please fax Texas Resale Certificate)

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Purchase orders required? Yes No

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____

Company name: _____ Fax: _____

Company address: _____ City: _____ State: _____ Zip: _____

Contact name: _____ Phone: _____