

ALCO Operations LP

dba ECONOMY SUPPLY

P.O. Box 191049

Dallas, TX 75219-8049

214-741-5463 Fax 214-698-1784

Check Branch(s) where you will be trading:

Fort Worth ☐

Dallas ☐

Irving ☐

Waco ☐

Round Rock ☐

Austin ☐

APPLICATION FOR CREDIT

Name of individual or business: _____

Street Address: _____
(Street) (City) (State) (Zip Code + 4)

Bill-to address if different: _____

Phone Number: _____
(Business) (Home) (Fax)

Type of Organization: ☐ Sole Proprietorship ☐ Corp. ☐ LLC ☐ Partnership ☐ LP ☐ Government ☐ _____

State names and titles of all principals or officers: _____

How long have you operated under the present name? _____

List previous business experience: _____

Approximately how much will you purchase per month? _____

Our policy requires payment by the 10th of the following month. Will you be able to follow this policy? ☐ Yes ☐ No

List below firms from which you are now buying on credit:

NAME	ACCOUNT #	PHONE #	FAX #
1. _____			
2. _____			
3. _____			

BANK NAME	LOCATION	ACCOUNT #	OFFICER	PHONE #
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Our credit policies are as follows: Our books close the 25th of the month. Payment is due on or before the 10th of the month following the date of purchase. All payments are past due thereafter. Past due accounts will be charged a service charge of 1-1/2% monthly (18% annual rate) or the maximum non-usurious rate at the time the account is past due, whichever is smaller, on all past due balances. Debtor accepts credit with the understanding that all bills will be paid in accordance with our terms, regardless of where, when or how the materials purchased may be used. It is agreed that sales are made and amounts due are payable at Dallas County, Texas. ALCO Operations LP is authorized to investigate my/our credit, including, but not limited to, obtaining reports from any credit reporting firm, or verifying any credit information. In the event collection is made through an attorney, reasonable attorneys' fees and all other cost of collection shall be paid by the debtor. All accounts are subject to the credit limits set by our credit department. All payments will be applied first to any unpaid service charges and balance as ALCO Operations LP may determine. It is agreed that I/we shall notify ALCO Operations LP in writing by certified mail of any change in the ownership or form of ownership within five days of such change.

In return for the extension of credit, I/we agree to be bound by this agreement.

(Must be officer or owner)

Date _____

Signature: _____

Soc. Security. # (signer) _____

Printed Name

Title

Driver's License # (signer) _____

The undersigned agrees to be jointly and severally liable for all debts incurred.

Master Plumber # _____

(Name if other than signer) _____

Signature: _____

PERSONALLY & INDIVIDUALLY
RESPONSIBLE

Form continues on reverse side.

Additional Customer Information We Desire In Order to Serve You Better

Type of Business: ☐ Plumbing Contractor ☐ A/C Contractor ☐ General Contractor

Other _____

Are you tax exempt? ☐ Yes ☐ No If yes, please complete resale form or attach exemption certificate.

Accounts Payable contact's name: _____

Accounts Payable Telephone Number: (_____) _____

Purchasing contact's name: _____

Purchasing Telephone Number: (_____) _____

Email address(es): _____

Do you require: P.O.'s? ☐ Yes ☐ No Job # ☐ Yes ☐ No

How would you like to receive? (Please Choose One)

Invoices: ☐ Fax ☐ Mail ☐ Email

Statements: ☐ Fax ☐ Mail ☐ Email ☐ No Statements

Any special instructions: _____

Or Restrictions: _____

SUBJECT: SALES AND USE TAX EXEMPTION

In order to comply with the Sales and Use Tax Act we must have on hand either a Blanket Certificate or Certificate for each purchase reflecting your exemption permit number. This will be necessary or we must bill you for Sales Tax.

STATE OF TEXAS
Blanket Resale Certificate

TO: ALCO Operations LP dba
Economy Supply
180 Oak Lawn
Dallas, TX

Date _____

This is to certify that when, from time to time, the undersigned purchases _____ from you that the merchandise so purchased is obtained for the purpose of resale.

The undersigned purchaser further certifies that he will assume liability for the payment of any tax that may be due under the above described Act if this transaction is not exempt from such tax.

Sales Permit Number

Company or Firm Name

Address

(Signature)

(Title)