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Longview, TX 75615
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P.O. Box 5328
Tyler, TX 75712
Ph (903) 593-2899
Fax (903) 593-4423

Credit Application

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax: _____

Federal ID or SS#: _____ Corporation ____ Partnership ____ Sole Proprietor ____ LLC ____ Other ____

Are you tax exempt YES ____ NO ____ If yes, please furnish exemption form (Tax will be charged unless form is supplied)

Do you require a Purchase Order # YES ____ NO ____

Persons authorized to purchase: _____

Contacts: _____

Business References:

Name: _____ Address _____

St: _____ Zip _____ Account # _____ Telephone # _____ Fax # _____

Name: _____ Address _____

St: _____ Zip _____ Account # _____ Telephone # _____ Fax # _____

Name: _____ Address _____

St: _____ Zip _____ Account # _____ Telephone # _____ Fax # _____

Credit Card Reference: We accept MasterCard, Visa, American Express or Discover Cards. If you wish to use credit card for payment:

Type of Card: _____ Card # _____

Expiration Date: _____ Security Code from Back: _____ Zip Code Billed Mailed to: _____

UPON GRANTING CREDIT, OUR PAYMENT TERMS ARE NET 20 DAYS OF INVOICE DATE. OVERDUE ACCOUNTS WILL BE SUBJECT TO 1 1/2 % PER MONTH SERVICE CHARGE. NOTE: ANY FINAL ACCOUNT BALANCE NOT PAID IN FULL WITHIN 60 DAYS WILL BE AUTOMATICALLY CHARGED TO YOUR CREDIT CARD OR DRAFTED FROM YOUR BANK ACCOUNT. BAXTER SALES COMPANY, INC. RESERVES THE RIGHT TO COLLECT REASONABLE LEGAL AND FILING FEES, COURT COSTS AND ANY OTHER EXPENSES THAT THEY MAY INCUR IN ORDER TO COLLECT AN ACCOUNT THAT MUCH BE PLACED WITH A THIRD PARTY.

I AUTHORIZE BAXTER SALES COMPANY INC. TO CHECK OUR CREDIT STATUS WITH ANY OF THE REFERENCES LISTED ON THIS APPLICATION.

SIGNATURE OF RESPONSIBLE PARTY: _____ TITLE _____

PLEASE PRINT NAME: _____ DATE: _____