



United One Source | 2830 Merrell Rd. | Dallas, TX 75229 | 800.338.6679

CUSTOMER CREDIT APPLICATION *Please fill and return to United One Source*

Your Sales Rep: _____

Customer Account Application:

Company Name: _____ Parent Company Name: _____

Billing Address: _____ City/State/Zip: _____

Shipping Address _____ City/State/Zip _____

Phone _____ Fax _____

Accounts Payable

Contact Name: _____

Phone: _____

Email: _____

Company Website: _____

Fed Tax ID: _____ D & B: _____

Business Type: Sole Proprietorship Partnership Corporation LLC

Years in Business _____ Length of Present Ownership _____ State of Incorporation or LLC _____

Date Incorporated: _____ Desired Credit Amount \$ _____

Owners/Partners/Major Shareholders

Name: _____

Home Address: _____

Home Phone: _____ DL#: _____ SSN: _____

Email Address: _____

Name: _____

Home Address: _____

Home Phone: _____ DL#: _____ SSN: _____

Email Address: _____

Bank References

Loan Officer Name: _____

Bank Name: _____ Branch: _____

Address: _____ City/ST/Zip: _____

Phone: _____ Account Number: _____

Business References

Company Name: _____ Contact Name: _____

Address: _____ City/ST/Zip: _____

Acct # _____ Phone: _____ Fax: _____

Company Name: _____ Contact Name: _____

Address: _____ City/ST/Zip: _____

Acct # _____ Phone: _____ Fax: _____

Company Name: _____ Contact Name: _____
Address: _____ City/ST/Zip: _____
Acct # _____ Phone: _____ Fax: _____

Company Name: _____ Contact Name: _____
Address: _____ City/ST/Zip: _____
Acct # _____ Phone: _____ Fax: _____

Company Name: _____ Contact Name: _____
Address: _____ City/ST/Zip: _____
Acct # _____ Phone: _____ Fax: _____

The above information is submitted as a part of Terms and Conditions, attached. This Application is submitted for the purpose of opening an account and I do hereby certify this information to be true.