

DATE

COMPLETE ALL SECTIONS IN FULL

1. COMPLETE LEGAL COMPANY OR INDIVIDUAL NAME _____

P.O. BOX _____ STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____

ZIP CODE _____ SOLE PROPRIETORSHIP _____

OFFICE PHONE _____ PARTNERSHIP _____

AREA CODE TEL. #

CREDIT LIMIT DESIRED \$ _____ CORPORATION _____

PURCHASE ORDERS REQUIRED YES NO DATE BUSINESS STARTED _____

TYPE OF BUSINESS: BLDR. GEN. CONTR. REMODELING CARPENTRY INDIV. (See #4) OTHER _____

FT. WORTH, TX 76101

2. BONDING CO. _____

CO. NAME AGENT ADDRESS CITY TELEPHONE

P.O. BOX 1921

3. **FULL NAME OF OWNERS OR OFFICERS**

PRES.	FIRST NAME	MIDDLE	LAST NAME	HOME ADDRESS	CITY	HOME TEL. #	SOCIAL SECURITY #
V. PRES.	FIRST NAME	MIDDLE	LAST NAME	HOME ADDRESS	CITY	HOME TEL. #	SOCIAL SECURITY #
TREAS.	FIRST NAME	MIDDLE	LAST NAME	HOME ADDRESS	CITY	HOME TEL. #	SOCIAL SECURITY #

RESDOOR CO. INC.

4. **FOR INDIVIDUALS ONLY**

FIRST NAME	MIDDLE	LAST NAME	FORMER ADDRESS	EMPLOYER	SOCIAL SECURITY #
FIRST NAME	MIDDLE	LAST NAME	FORMER ADDRESS	EMPLOYER	SOCIAL SECURITY #

5. A. HAVE ANY OF THE OFFICERS, PARTNERS OR OWNERS EVER FILED BANKRUPTCY? YES NO
WHO _____ WHEN _____

B. ARE ANY JUDGEMENTS FILED OR PENDING? YES NO C. ARE ANY FORECLOSURES FILED? YES NO

D. HAVE YOU DONE BUSINESS IN THE LAST 6 YEARS UNDER ANY OTHER NAMES? YES NO

E. OTHER COMPANY NAMES _____

R. E. SWEENEY CO. INC.

6. **CREDIT REFERENCES — BUILDING SUPPLIERS**
*** LIST REFERENCES ON REVERSE ***

7. **WE MUST HAVE THIS SECTION COMPLETED TO CONFIRM YOUR INTERIM FINANCING (LEGAL DESCRIPTION)**

INTERIM BANK _____ **BANK OFFICER** _____

TEL. # _____ CONFIRMED BY _____

LOT _____ BLK. _____ STREET ADDRESS _____ ADDN _____ CITY _____ COUNTY _____

LOT _____ BLK. _____ STREET ADDRESS _____ ADDN _____ CITY _____ COUNTY _____

8. **MORTGAGE OR TITLE CO.** _____ **OFFICER** _____

TEL. # _____

9. **BANK** _____ **BANK OFFICER** _____

TEL. # _____ CHECKING ACCT. # _____

CHECKING LOW MOD MED HIGH FIG STATIS _____

LOANS # _____

COMMENTS: _____

I/We hereby certify this information, given for the purpose of obtaining credit, is true and correct, and I/We authorize you to obtain such information as you may require concerning this application, and agree that it shall remain your property whether or not credit is granted. I/We agree to pay interest at 1 1/2% per month on all past due accounts. Accounts are due and payable on or before the 10th of the month following date of purchases. In the event it becomes necessary to engage an attorney for purposes of collecting a past due account, I/We understand and agree that reasonable attorneys fees will be added to the account for which I/We agree to pay.

NOTE: Purchases from the 1st of month thru 31st of month are due on the 10th of month. Past due on the 11th.

DATE _____ SIGNATURE OF APPLICANT _____

DATE _____ SIGNATURE OF APPLICANT _____

DATE REC'D. _____

Please Date & Sign Form

CREDIT REFERENCES



**COMPLETED BY APPLICANT ONLY
SUPPLIERS**

(CREDIT OFFICE USE ONLY)

FIRST SALE	LAST SALE	HIGH CREDIT	BALANCE DUE	PAST DUE & DAYS	PAYING EXP.
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1. NAME _____	TEL. # _____
2. NAME _____	TEL. # _____
3. NAME _____	TEL. # _____
4. NAME _____	TEL. # _____
5. NAME _____	TEL. # _____
6. NAME _____	TEL. # _____
7. NAME _____	TEL. # _____
8. NAME _____	TEL. # _____
9. NAME _____	TEL. # _____
10. NAME _____	TEL. # _____

FOR SALES USE ONLY

SALESMAN _____ APPROVAL _____

SPECIAL TERMS _____ DISAPPROVAL _____

CREDIT LIMIT _____ DATE _____

**CREDIT DEPT. USE ONLY
GUARANTEES**

DATE SENT _____ DATE RECEIVED _____

NACM CREDIT REPORT

DATE REQUESTED _____ REG. _____ T.C. _____

DATE RECEIVED (REPORT) _____ REG. _____ T.C. _____

RECD. _____ RECD. _____

DUN & BRADSTREET

RATING _____ DATE REQ. _____ DATE RECD. _____

RETAIL CREDIT REPORT

RATING _____ DATE REQ. _____ DATE RECD. _____

FINANCIAL STATEMENT

DATE REQ. _____ DATE RECD. _____

OTHER COMMENTS _____
