Wilson Plywood & Door

833 Shepherd Dr. Garland, Texas 75042 Phone (972) 494-3545
This application may be returned by email to: jasminm@wilsonplywood.com. Attention: Credit Department

Application for Open Account

In order for your application to be processed, please answer all questions.

Business Information

Is the company a: (check one) ☐ Proprietorship ☐ Partnership ☐ Corporation

Type of Business: _____ Number of years in business: ____ Date _____

Purchase on credit to be charged to: _____
EXACT NAME OF BUSINESS

Mailing Address: _____
STREET CITY STATE ZIP

Business Address: _____
STREET CITY STATE ZIP

Residential Address: _____
STREET CITY STATE ZIP

Phone/Email _____ _____ _____ _____
BUSINESS PHONE RESIDENTIAL PHONE CELL PHONE EMAIL ADDRESS

Have you in the last 10 years:

Filed Bankruptcy? ☐ Yes ☐ No

Had a judgment taken against you? ☐ Yes ☐ No

If you checked yes, please explain: _____

_____

Principals: (owner – partner – officers)

NAME(S)	TITLE	TEXAS DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER

Are the principals involved in any subsidiary or other companies? ☐ Yes ☐ No If yes, please list names and addresses.

_____
NAME ADDRESS CITY STATE ZIP

_____
NAME ADDRESS CITY STATE ZIP

Bank References

_____ _____ _____
NAME PHONE OFFICER

Interim Financing

_____ _____ _____
NAME PHONE OFFICER

Approximate line of credit requested per month? _____

Trade Suppliers (Please include trim/door and lumberyard references)

_____ _____ _____
NAME ADDRESS PHONE

_____ _____ _____
NAME ADDRESS PHONE

_____ _____ _____
NAME ADDRESS PHONE

Note: Our terms are 10th of the month after purchase. It is understood that when payment is not met according with the agreed terms, all orders will be held from shipping. The undersigned personally guarantees payment of all invoices charged to the above named account.

_____ _____ _____ _____
GUARANTOR DATE GUARANTOR DATE

FOR OFFICE USE

DATE _____ APPROVED ☐ YES ☐ NO CREDIT LIMIT _____ SALESMAN _____

06/2012