



**CEMENTEX PRODUCTS, INC.
CREDIT APPLICATION**

GENERAL INFORMATION

BUSINESS NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

BILLING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP) (CODE)

SHIPPING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP) (CODE)

FEDERAL TAX ID#: _____ *PLEASE PROVIDE COPY OF W-9

SALES TAX LICENSE #: _____ *PLEASE PROVIDE TAX EXEMPT
AND RESALE CERTIFICATES NUMBERS/
COPIES.

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

OWNERSHIP: _____ DATE BUSINESS STARTED: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE & EMAIL: _____

PRINCIPAL: _____
(NAME) (TITLE) (EMAIL)

PRINCIPAL: _____
(NAME) (TITLE) (EMAIL)

TRADE REFERENCES

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

ACCT. #: _____

CONTACT: _____ Email: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

ACCT. #: _____

CONTACT: _____ Email: _____

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

ACCT. #: _____

CONTACT: _____ Email: _____

