



JOHNSTONE SUPPLY CO. OF HOUSTON

501 NORTH SHEPHERD DR., HOUSTON, TX 77007 • PHONE (713) 868-8967 • FAX (713) 868-3045

APPLICATION FOR CREDIT ACCOUNT

BUSINESS NAME:			TYPE OF BUSINESS:	
STREET ADDRESS:			DATE BUSINESS WAS ESTABLISHED:	
CITY	STATE	ZIP CODE	PHONE () - - - -	FAX () - - - -
BUSINESS TYPE OF OWNERSHIP: INCORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLP PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/>				

OWNER, OFFICER, OR PARTNER	<input type="checkbox"/> PROPRIETORSHIP	NAME		
	HOME ADDRESS			
OWNER, OFFICER, OR PARTNER	CITY	STATE	ZIP CODE	
FEDERAL I.D. #:	SOCIAL SECURITY #		E-MAIL ADDRESS	

BANKING:

SAVINGS CHECKING LOAN

BANK NAME: _____ ACCOUNT #: _____ PHONE #: () - - - -

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SAVINGS CHECKING LOAN

BANK NAME: _____ ACCOUNT #: _____ PHONE #: () - - - -

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Commercial Trade References: (Give ONLY names of those you buy from on CREDIT. References WILL NOT be considered valid unless FULL NAMES and PHONE NUMBERS are included).

	NAME	ACCOUNT #	TELEPHONE #	FAX #	E-MAIL ADDRESS
1.	_____	_____	() - - - -	() - - - -	_____
2.	_____	_____	() - - - -	() - - - -	_____
3.	_____	_____	() - - - -	() - - - -	_____
4.	_____	_____	() - - - -	() - - - -	_____

Amount of Credit Desired Monthly \$: _____ Accounts Payable Contact: _____

Purchase Order Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	Statement Required: YES <input type="checkbox"/> NO <input type="checkbox"/>	Accounts Payable Phone #: () - - - -	FAX #: () - - - -
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Invoices / Statements to be sent via: E-Mail Address
MAIL: FAX: E-MAIL:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Should you approve this application, I (we) agree to pay for all goods purchased by the 10th of the month following the date of invoice. Johnstone Supply Company of Houston is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for granting credit.

I (we) acknowledge and agree that interest at the rate of 1 per cent per month will be charged on all balances remaining unpaid after due date. In the event of default and referral to an attorney or collection agency, I (we) agree to pay all costs of collection including reasonable attorneys fees. I (we) understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

Dated: _____ Company Officer, Partner, or Owner: _____ Signature _____ Title: _____

PLEASE COMPLETE REVERSE SIDE.

CREDIT APPROVED <input type="checkbox"/>	FOR JOHNSTONE USE ONLY		
CREDIT REFUSED <input type="checkbox"/>	ACCOUNT #: _____	CREDIT LIMIT: \$ _____	SIC: _____

GUARANTEE AGREEMENT

I (we) understand that the information furnished you on the previous page hereof, is for the purpose of obtaining credit from your firm, that I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we) the undersigned, hereafter called guarantors, do jointly and severally, unconditionally guarantee and promise to be held personally liable for all indebtedness accrued under this continuing agreement. That all accounts or monies due you shall be due and payable at your place of business. That all past due accounts, notes, or judgements shall automatically draw interest at the rate of ten percent (10%) per annum. In the event of default and referral to an attorney or collection agency I (we) agree to pay reasonable costs and attorney's fees of at least twenty percent (20%).

GUARANTOR (S)

_____ PRINT NAME	_____ PRINT NAME
_____ SIGNATURE	_____ SIGNATURE
_____ JOB TITLE	_____ JOB TITLE
_____ SOCIAL SECURITY NUMBER	_____ SOCIAL SECURITY NUMBER
_____ DATE	_____ DATE

WITNESS

ADDRESS:

_____ PRINT NAME	_____ _____ _____
_____ SIGNATURE	_____