

Credit Application

Commercial Account



CAB INTERIOR DESIGN

Please fill out form, save, print and fax to (512) 454-2664.

Date _____

Business Name: _____ Corporation ___ Individual ___ Partnership

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Type of Business _____ How Long? _____

Owners or Officers:

Name _____ Title _____ Social Sec. No. _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Date of Birth _____ Drivers License No. _____

Name _____ Title _____ Social Sec. No. _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Date of Birth _____ Drivers License No. _____

Trade References: Suppliers Currently Active

Name _____ Location _____ Telephone _____

Name _____ Location _____ Telephone _____

Name _____ Location _____ Telephone _____

Name _____ Location _____ Telephone _____

Bank Reference:

Checking Account # _____ Loan # _____

Bank Name _____ Address _____

Officer _____ Telephone _____ No. of Years _____

In consideration of the extension of credit by Cab Interior Design, Inc. to the above named purchaser, the undersigned agrees that:

- Terms are net 10th of the month following purchase. Invoices are due and payable to Cab Interior Design, Inc., P.O. Box 82729, Austin, TX 78708.
- Accounts not paid in full by the 10th of the month following purchase are subject to a service charge on all past due accounts.
- The service charge on past due accounts will be 1.5% per month (18% annual) or the maximum allowable by law (whichever is less).
- Should this account, because of default, be collected by or through an attorney at law, the above named purchaser agrees to pay 15% attorney's fees in addition to the principal indebtedness and unpaid service charges.

Date _____ Name _____ Title _____

Date _____ Name _____ Title _____

I/We, the undersigned personally guarantee all indebtedness of the above mentioned business now and hereafter owing to Cab Interior Design, Inc.

Printed Name

Signature

Printed Name

Signature



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CONSTRUCTION INFORMATION

Company or Builder Name: _____

Address: _____

Phone # _____

Contact: _____

Home Owner Name(s): _____

Current Address: _____

Phone #: _____

Interim Bank Financing: _____

Bank Address: _____

Bank Phone #: _____

Bank Officer Name: _____

Legal Description of Property:

Lot: _____ Block: _____

Survey or Plat #: _____

Street Address of Property: _____

Credit Amount:

Monthly Amount Needed: _____



CAB INTERIOR DESIGN

Authorization of Charges

I, _____ hereby authorize the following individuals to charge purchases to my Cab Interior Design, Inc. account:

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |
| 10. _____ | 11. _____ | 12. _____ |

I understand that I am directly and primarily liable to Cab Interior Design, Inc. under the regular account terms for all charges made to my account by anyone authorized by me. This authorization shall be valid until Cab Interior Design, Inc. receives a written revocation from me.

Signature

Printed Name

Date

Account Number

Manager Approval

Signature