



(PLEASE FAX CREDIT APPLICATION TO Accounts Receivable - (713)266-8660)
Or Email to : TPG-AR@theplazagr.com

THE FOLLOWING CONFIDENTIAL INFORMATION IS FURNISHED TO THE PLAZA GROUP WITH THE INTENTION THAT IT IS TO BE USED BY THEM IN ESTABLISHING A CREDIT ACCOUNT AND IF CREDIT IS EXTENDED, I, WE, OR EITHER OF US, AGREE TO PAY FOR SERVICES SUPPLIED BY THE PLAZA GROUP AT THEIR OFFICES IN HOUSTON ON OR BEFORE THE DATES ESTABLISHED BY THEM AS THEIR TERMS OF CREDIT. A COPY OF YOUR LATEST TWO YEARS' FINANCIAL STATEMENTS IS ALSO REQUESTED TO AID US IN MAKING A MORE PROMPT AND ACCURATE DECISION.

LEGAL NAME

ADDRESS

BILLING ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL

FAX

DUNS NUMBER OF APPLICANT

PLEASE INDICATE: PROPRIETORSHIP PARTNERSHIP CORPORATION

TAX ID#

NUMBER OF YEARS IN BUSINESS

1. PRINCIPAL/OFFICERS

OFFICER 1:

NAME

ADDRESS

CITY/ST

PHONE

FAX

OFFICER 2:

NAME

ADDRESS

CITY/ST

PHONE

FAX



2. CREDIT REFERENCES

REFERENCE 1:

NAME	ACCT#	CITY/ST
PHONE	FAX	

REFERENCE 2:

NAME	ACCT#	CITY/ST
PHONE	FAX	

REFERENCE 3:

NAME	ACCT#	CITY/ST
PHONE	FAX	

3. ACCOUNTS PAYABLE CONTACT/ MGR.

NAME	PHONE	EMAIL
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4. ACCOUNTS PAYABLE MGR.

NAME	PHONE	EMAIL
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5. BANK REFERENCES

REFERENCE 1:

LOCATION	ACCT. NO.	OFFICER	PHONE NO.
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REFERENCE 2:

LOCATION	ACCT. NO.	OFFICER	PHONE NO.
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COMPLETED BY:

TITLE:

SIGNATURE: _____

DATE: