

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

TAX EXEMPT: YES  NO  IF YES, PROVIDE TAX EXEMPT CERTIFICATE

**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

**4. ACCOUNTS PAYABLE MGR.**

NAME PHONE EMAIL

**5. BANK REFERENCES**

**REFERENCE 1:**

LOCATION ACCT. NO. OFFICER PHONE NO.

**REFERENCE 2:**

LOCATION ACCT. NO. OFFICER PHONE NO.

**COMPLETED BY:**

**TITLE:**

**SIGNATURE:** \_\_\_\_\_

**DATE:**