

**STONE VENTURES**

2430 Merrell Road Suite 103 Dallas, TX 75229

**CREDIT APPLICATION**

Tel. 972-241-4290

Fax: 972-241-4298

Type of Business	Corporation	Sole Owner/Proprietorship	Partnership	Date Established ____/____/____
Trade Name		Offc. No.	Fax No.	
		Home No.	Mobile No.	
Address		City	State	Zip Code
Financial Statement Attached Yes No (If not please complete below)		____ Resale ____ Taxable	If for resale please complete resale certificate Resale # _____.	
Owner/President	Home Address		S.S. #	
Vice President	Home Address		S.S. #	
Sec. Tres.	Home Address		S.S. #	

**Trade References (Minimum 3 references required with atleast 3 years credit history.)**

Name	Phone No.	Fax No.
Address		Contact
City		State Zip Code

Name	Phone No.	Fax No.
Address		Contact
City		State Zip Code

Name	Phone No.	Fax No.
Address		Contact
City		State Zip Code

**Bank References**

Bank Name	Checking Account No.	Savings Account No.
Phone No.	Address	City State Zip Code
Bank Name	Checking Account No.	Savings Account No.
Phone No.	Address	City State Zip Code

**Conditions and Guarantee**

1. In the event of collection all costs including attachment court costs and reasonable attorney fees will be added to the amount outstanding.
2. Authorization is given to Stone Ventures Inc. to check references noted above.
3. The undersigned individual(s) personally guarantee the obligation of the above named applicant.

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

All terms on accounts are Net 30 from date of purchase unless noted otherwise. Some special order items may not qualify for Net 30 terms or may require payment in advance.