



Distributors of Quality Specialty Building Products

2440 McALLISTER STREET • P.O. BOX 920852 • HOUSTON, TEXAS 77292-0852
713/686-8203 FAX 713/686-1032

CreditDept@BuildersProductsInc.com

APPLICATION FOR CREDIT ACCOUNT

(Please complete both pages)

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

YEARS IN BUSINESS _____ TYPE OF BUSINESS _____

PHONE _____ BUSINESS CELL _____

EMAIL _____ FAX _____

BANKING REFERENCE _____ OFFICER _____

ACCOUNT# _____ PHONE# _____

TRADE REFERENCES

REFERENCE	PHONE#	E-MAIL /FAX #	ACCOUNT #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

>>>EMAIL AND/OR FAX NUMBERS REQUIRED FOR PROCESSING<<<

THE UNDERSIGNED OWNER/OFFICER, CONSENTS TO BUILDERS PRODUCTS INC OBTAINING CONSUMER CREDIT REPORTS FROM THE REFERENCES ABOVE, SOLELY FOR THE PURPOSE OF EVALUATING CREDITWORTHINESS OF THE COMPANY APPLYING FOR COMMERCIAL CREDIT. AS WELL AS, AGREES, ONLY IN THE EVENT OF A DEFAULT, TO PAY REASONABLE COSTS TO SETTLEMENT.

SIGNED _____ DATE _____ PRINTED NAME _____

TITLE _____ E MAIL ADDRESS _____

APPLICATION FOR CREDIT ACCOUNT

(CONTINUED)

1. What is your company's estimate of monthly purchases with Builders Products Inc?

\$ _____

2. Does your company require a P.O. Number or Job name on your orders/invoices?

No _____ Yes _____ If yes, which: PO _____ Job Name _____

3. Do you have a list of authorized purchasers?

No _____ Yes _____ (If yes, please provide the list) _____

4. Please provide the A/P contact information:

Name: _____ E-Mail: _____

Phone Number: _____

5. Please provide the proper e-mail address where invoices should be e-mailed:

6. If you wish to receive monthly statements, please provide the proper email address where they

should be e-mailed: _____

7. Please indicate your company's sales tax status below:

- Taxable and/or Job Specific Tax Exempt: _____
- Tax Exempt Resale - Material Only: _____ **
(Your company pays Sales Tax on materials purchased to The State of Texas)
- Tax Exempt Resale - All Purchases: _____ **
(Your company pays Sales Tax on all purchases to The State of Texas)

**** Please provide the appropriate Texas Sales and Use Tax Resale Certificate to us at this time**

For Internal Use Only

DATE _____ // _____ // _____ // _____ // _____
CUSTOMER # SORT TAX STATUS LINE OF CREDIT

WE MUST HAVE PROPERLY SIGNED APPLICATION TO PROCESS.
Please fax back to Credit Dept @ 713-686-1032
Or email to creditdept@buildersproductsinc.com