

319 DERRICK DRIVE HUMBLE, TX 77338 PO BOX 1448 HUMBLE, TX 77347 MAIN: 281-446-1297 FAX: 281-446-1330

SALES@CLUTCHCOINTL.COM CLUTCHCOINTL.COM

CREDIT APPLICATION

	DATE	
COMPANY NAME		
TYPE OF BUSINESS		
YEAR INCORPORATED	EIN#	
PHYSICAL ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
BILLING ADDRESS		
CITY	STATE	ZIP
NAME (OWNER, PARTNER PARTNERS, OR OFFICERS)	TITLE	
A/P CONTACT	PHONE	
EMAIL	FAX	
OPERATIONS CONTACT	PHONE	
EMAIL	FAX	
BANK NAME	ACCT#	
CONTACT NAME	PHONE	

IF LOCATED IN TEXAS, PLEASE PROVIDE TAX CERTIFICATE, OR SALES TAX WILL BE CHARGED





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TDADE	DEEEDENCES	

Three references must be o	completed.					
COMPANY		PHONE				
CONTACT NAME		FAX				
COMPANY		PHONE				
CONTACT NAME		FAX				
COMPANY		PHONE				
CONTACT NAME		FAX				
Should it be necessary to payments are made or no	ts financial responsibility, ability, and willingness place this account for collection, I/We agree to pa payment is made on this account within the tern ted by applying a periodic monthly rate of 1.5%	ay all collection and a ns specified that you	ttorney fees. I/We also agree that if part have the right to assess and I/We agree to pay			
COMPANY		DATE				
AUTHORIZED OFFICER TITLE		WITNESS				
SIGNATURE		SIGNATUR	E			
PERSONAL GUARANTY Note: If this section is not signed by an authorized individual in your company, a \$5,000 credit limit will be placed on your account.						
COMPANY NAME		DATE				
NAME		WITNESS				
SIGNATURE		SIGNATUR	E			

