



LEGENDARY
RELIABILITY
SINCE 1927

a division of Orbix Corporation

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CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

FIRM NAME _____		
BILL TO ADDRESS _____		
CITY - STATE - ZIP _____		
SHIP TO ADDRESS _____		
CITY - STATE - ZIP _____		
PHONE # _____	FAX # _____	
FEDERAL TAX I.D. # _____	E-MAIL _____	
CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	SOLE PROPRIETORSHIP <input type="checkbox"/>
NUMBER OF YEARS IN BUSINESS _____	# OF EMPLOYEES _____	
PRINCIPAL BUSINESS OR PRODUCT _____	CREDIT AMT. REQUESTED _____	
OWNER AND/OR OFFICERS _____		

TRADE REFERENCES: LIST 4 MAJOR SUPPLIERS

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY - STATE - ZIP _____	CITY - STATE - ZIP _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
FAX # : _____	FAX # : _____
E-MAIL: _____	E-MAIL: _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY - STATE - ZIP _____	CITY - STATE - ZIP _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
FAX # : _____	FAX # : _____
E-MAIL: _____	E-MAIL: _____

BANK REFERENCES

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY - STATE - ZIP _____	CITY - STATE - ZIP _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
E-MAIL: _____	E-MAIL: _____
FAX # : _____	FAX # : _____

I AUTHORIZE THE RELEASE OF ACCOUNT INFORMATION TO PETOL
FOR THE PURPOSE OF ESTABLISHING OPEN CREDIT TERMS.

SIGNED _____

TITLE _____ DATE _____