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# ANCHOR FABRICATION LTD.

1200 LAWSON ROAD • FORT WORTH, TEXAS 76131

## CREDIT APPLICATION

|   |  |  |  |                                       |
|---|--|--|--|---------------------------------------|
| Full Name of Firm   |  | Date   |  |                                       |
| Street Address  |  | Phone  |  |                                       |
| City  | State                                      | Zip Code   |  |                                       |
| Delivery Address (if different than above)  |  |  |  |                                       |
| Is this a:<br><input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation |  | Year Established   |  |                                       |
| State of Incorporation  |  |  |  |                                       |
| If Subsidiary, Name, City and State of Parent   |  | Parent Guaranty Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, attach copy of Guaranty |  |                                       |
| Credit line applied for:*   |  | Type of business:  |  |                                       |
| <input type="checkbox"/> \$ 500 - 2,500   | <input type="checkbox"/> \$ 7,500 - 10,000 | <input type="checkbox"/> Sheet Metal Shop  | <input type="checkbox"/> Machine Builders      | <input type="checkbox"/> Welding Shop |
| <input type="checkbox"/> \$ 2,500 - 5,000   | <input type="checkbox"/> \$10,000 - 15,000 | <input type="checkbox"/> Tool & Die Shop   | <input type="checkbox"/> Fabricator            | <input type="checkbox"/> O.E.M        |
| <input type="checkbox"/> \$ 5,000 - 7,500   | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Machine Shop  | <input type="checkbox"/> Other (specify) _____ |                                       |
| *Please attach financial statement.   |  |  |  |                                       |

Corporation Tax Exemption No. \_\_\_\_\_ (If non-taxable, complete attached resale certificate.) D.U.N.S. \_\_\_\_\_

|  |                     |
|--|---------------------|
| Owner, Partner, or Principal Officer _____ | Soc. Sec. No. _____ |
| Address _____                              | Home Phone _____    |
| Owner, Partner, or Principal Officer _____ | Soc. Sec. No. _____ |
| Address _____                              | Home Phone _____    |

### TRADE REFERENCES (Preferably metal related)

|                      |                 |                            |
|----------------------|-----------------|----------------------------|
| Name _____           | Phone ( ) _____ | Fax ( ) _____              |
| Street Address _____ | City _____      | State _____ Zip Code _____ |
| Name _____           | Phone ( ) _____ | Fax ( ) _____              |
| Street Address _____ | City _____      | State _____ Zip Code _____ |
| Name _____           | Phone ( ) _____ | Fax ( ) _____              |
| Street Address _____ | City _____      | State _____ Zip Code _____ |
| Name _____           | Phone ( ) _____ | Fax ( ) _____              |
| Street Address _____ | City _____      | State _____ Zip Code _____ |

### BANK REFERENCE (Give your primary bank)

|                               |  |
|-------------------------------|--|
| Name _____                    | Loan Office & Phone # ( ) _____                            |
| Street Address _____          | City _____ State _____ Zip Code _____                      |
| Checking Account Number _____ | Open Loan Account Number _____ Present Balance Owing _____ |

### FINANCIAL INFORMATION

A recent financial statement will be of help in appraising the application and if submitted, will be treated in confidence for Credit Department Use ONLY.

Statement Enclosed \_\_\_\_\_ Will Furnish on request \_\_\_\_\_ Unavailable \_\_\_\_\_ Reason \_\_\_\_\_

The above information is submitted for your CONFIDENTIAL investigation and appraisal. If this application for credit privileges is approved and accepted, I (we) understand and accept the following terms and conditions.

TERMS: ALL INVOICES NET 30 DAYS

In collecting sums do to part of any credit extended on the basis of this application, I (we) agree to pay reasonable cost and expenses should legal recourse become necessary. You are authorized to check information submitted as well as all other sources available, and to answer questions about your credit experience with us, if requested by others.

Dated \_\_\_\_\_ Signature(s) \_\_\_\_\_ Title \_\_\_\_\_