



CREDIT APPLICATION
TERMS NET 10 DAYS

TL Representative: _____
Telephone No.: _____

NOTE: To expedite our processing, please email this credit application as soon as possible to jhoatson@texasliquids.com and fax a SIGNED copy to our corporate headquarters at 973-530-2653

COMPANY NAME AND ADDRESS

Contact: _____
Phone #: _____
Fax #: _____
Email: _____

Amount of Credit Requesting: \$ _____

I, _____, am giving Texas Liquids written authorization to obtain credit information from the following:
(Signature)

Please provide (3) TRADE REFERENCES and (1) BANK REFERENCE

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____
FAX # _____ FAX # _____

(1) BANK REFERENCE

NAME _____ NAME _____
ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____
FAX # _____ FAX # _____
ACCOUNT # _____
ROUTING # _____

PLEASE ENCLOSE A COPY OF YOUR LATEST FINANCIAL STATEMENT, IF POSSIBLE.