Cross Roads Oil Field Supply Ltd. PO Box 1546, El Campo, TX 77437-1546 Ph 979-543-4546; Fax 979-543-7730 admin@crosupply.com						
CREDIT APPLICATION						
Name of Business:						
Mailing Address:						
City:			tate:		ZIP:	
Phone:	Fax:		E-I	mail:		
		Own	er Information			
Owner Name(s)	Title		Addre			Alt Ph – Res./Cell
Business and Credit Information						
Date Began:	Business Activity:					
Sole proprietorship:	Partnership: Corporation:			Other: Type:		
Business Physical address:	1					
City:		S	tate:		ZIP:	
Bank name & address:						
City:	State:	Z	IP:	Phon	e:	
Type of account	Account number					
		Trac	le References			
Company name: Address:						
			State		ZIP:	
City:						
Phone: Fax:				E-mail:		
Company name:						
Address:						
City:			State: ZIP:			
Phone:	Fax:		E-mail:			
Company name:						
Address:						
City:			State:		ZIP:	
Phone:	Fax:			E-mail:		
Agreement						
 All invoices are to be paid 30 days from the date of the invoice. By submitting this application you authorize Cross Roads to make inquiries to the banking, savings, business, and/or trade references you have supplied, and you agree to our payment terms. The applicant agrees to pay all costs and expenses, including but not limited to, third party collection agency fees, attorney's fees, legal expenses and/or other fees or expenses incurred enforcing any terms of this agreement while collecting amounts owed. 						
Signatures – Must be Owner's or Authorized Officer's						
		_				
Title: Date:		Ti	tle:		Date:	