



Credit Limit Requested:
Sales Rep:

P.O. Box 673048                      Main: 281-443-2597  
Houston, TX 77267                      Fax: 281-443-7551  
Toll Free: 1-888-449-3236

**CREDIT APPLICATION AND AGREEMENT**

PRIMARY BUSINESS NAME		PHONE	
OTHER NAMES UNDER WHICH YOU DO BUSINESS			
REMIT TO ADDRESS	CITY	STATE	ZIP
SHIPPING ADDRESS	CITY	STATE	ZIP
TYPE OF BUSINESS	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP		STATE OF INCORPORATION
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER:		IF CORPORATION, FEDERAL TAX NO.
DATE STARTED	ESTIMATED ANNUAL SALES		NET WORTH/STOCKHOLDERS EQUITY
TAXABLE:      YES      NO	(IF NO, TEXAS RESALE #: _____, PLEASE PROVIDE TEXAS RESALE CERTIFICATE)		ALL PURCHASES WILL BE MADE ON P.O.
			<input type="checkbox"/> YES <input type="checkbox"/> NO
A/P CONTACT	PHONE		A/P EMAIL
NAME OF BANK		PHONE	
MAILING ADDRESS	CITY	STATE	ZIP
CHECKING ACCOUNT NO.			

PRINCIPAL(S), PARTNER(S), PRESIDENT, OR CHIEF FINANCIAL OFFICER			
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP

THREE LARGEST VOLUME TRADE REFERENCES			
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP

**(PLEASE PROCEED TO PAGE 2 FOR COMPLETION)**

<b>CREDIT QUESTIONNAIRE</b>		
D-U-N-S NO.	YEARS IN ACTIVE BUSINESS	
WEBSITE	EMAIL ADDRESS	
ANY NEGATIVE FILINGS (JUDGMENTS, BANKRUPTCY, ETC.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILED EXPLANATION:
ANY LATE PAYMENTS HISTORY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE DETAILED EXPLANATION:
DOES YOUR COMPANY ISSUE CERTIFICATES OF INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE A COPY.
ARE YOU CURRENT ON ALL TAX FILINGS, INCLUDING FRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PLEASE PROVIDE DETAILED EXPLANATION:

The undersigned hereby completes this Credit Application to EnviroCon Systems, Inc. for the establishment of a credit account. All extensions of credit are subject to the following terms and conditions. Standard payment terms are net thirty (30) days from date of invoice, unless other terms are agreed to in writing and signed by EnviroCon Systems, Inc. By submitting this application, you authorize EnviroCon Systems, Inc. to make inquiries into the banking and business/trade references that you have supplied.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PRINCIPAL OR OFFICER

\_\_\_\_\_  
DATE

**PLEASE ATTACH CREDIT REFERENCES AND:**  
**MAIL TO:** ENVIROCON SYSTEMS, INC. P.O. BOX 673048, HOUSTON, TX 77267; **OR**  
**FAX TO:** 281-443-6227 OR 281-443-7551; **OR**  
**EMAIL TO:** CREDIT@ENVIROCONSYSTEMS.COM

**SUBMIT**