

Credit Application

DALLAS SPECIALTY & MFG. CO.
1161 Ruggles Grand Prairie, TX 75050
Local (972) 641-8444 Fax (972) 641-8488
Toll Free (800) 222-5644

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Address _____ For Past _____ years

Shipping Address _____

DBA _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

Does State, County, or City require a License? Yes No If Yes, License # _____

No. Of Employees _____ Est. Annual sales _____ Sales Area _____

OWNERSHIP: (circle one) Sole Proprietorship Partnership Corporation

PRINCIPAL:

(NAME) (Title) (SS#)

PRINCIPAL:

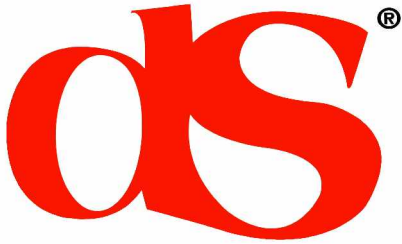
(NAME) (Title) (SS#)

PRINCIPAL:

(NAME) (Title) (SS#)

PRINCIPAL:

(NAME) (Title) (SS#)



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TRADE REFERENCES

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

BANK REFERENCES

Name _____ Address _____

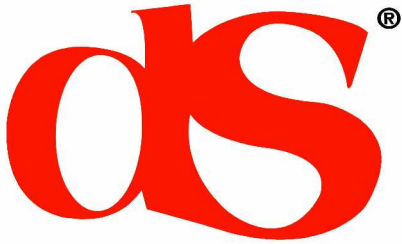
Phone () _____ Account# _____ Contact _____

Name _____ Address _____

Phone () _____ Account# _____ Contact _____

Name _____ Address _____

Phone () _____ Account# _____ Contact _____



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CREDIT APPLICATION

Has the firm or any of its principals ever filled for Bankruptcy? (Circle one) Yes No
 If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed. In consideration for the extension of credit, said business promise to pay for all purchases within the terms agreed (_____) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

 (Name of Business)

 (Print Name) (Title) (Signature)

 (Print Name) (Title) (Signature)

Personal Guarantee

(Publicly Held Companies disregard this section)

In consideration for Dallas Specialty & Mfg Co. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to _____ by the business identified below whether said sums are due under open account, contract or otherwise. It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between _____ and the business. _____ Shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by _____.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by _____. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

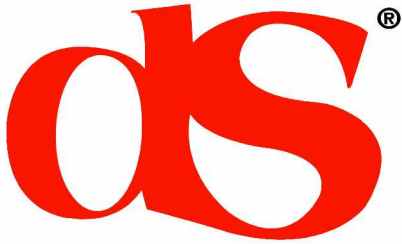
Date _____ Name: _____
 (Name of person guaranteeing payment, NO TITLE)

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____



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TAX EXEMPTION FORM

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser	Title	Date
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