



# Coal City Cob Company, Inc.

4300 I-35E North Waxahachie, TX 75165 (800) 872-5412

## Confidential Credit Application

Please fax to: (972) 923-7599

Name of Firm \_\_\_\_\_

Years in Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Anticipated monthly credit requirement \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  Other

Business Premises are:  Owned  Leased Value \_\_\_\_\_ Mortgage \_\_\_\_\_

Mortgage on machinery or equipment \_\_\_\_\_ Held by \_\_\_\_\_

### Principal Owner, Officers and/or Managers:

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

### Bank:

Name of Bank \_\_\_\_\_ Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

### Trade References:

Name of Business \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Name of Business \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Name of Business \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's signature attests to the financial responsibility, ability and willingness to pay our invoices in accordance with our credit terms of net 30 days from date of invoice and any charges that may accrue on past due balances. Applicant agrees to pay all of sellers cost of collection, reasonable attorney's fees and court costs as fixed by the court in the event of any legal action that is required to collect any indebtedness owed by the applicant to Coal City Cob Company, Inc.

<b>For Office Use Only</b>
Approved: _____
By: _____
Date: _____

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_