



Confidential Application for Company Check

2723 Logan Street
Dallas, Texas 75215
Voice (214) 565-0044
Fax (214) 565-0047

Owner Information

| | | | |
|---------------|-------|----------------|------|
| Full Name: | | Title: | |
| Home Address: | City: | State: | Zip: |
| Phone: | Fax: | Email Address: | |

Company Information

| | | | | | |
|-----------------------------------|--------------------|-------------------------|-------------------|--------------|--------|
| Full Legal Name/Business Entity: | | Phone: | Fax: | | |
| Doing Business As (DBA): | | | | | |
| Billing Address: | City: | State: | Zip: | | |
| Company Type: | Proprietorship: | Partnership: | Franchise: | Corporation: | Other: |
| Number of Employees: | Years Established: | Annual Sales: | Type of Business: | | |
| Federal Tax ID (if incorporated): | | State of Incorporation: | | | |
| Email Address: | | Website: | | | |

Bank References

| | | | |
|---------------|-----------------|----------------|------|
| Name of Bank: | Account Number: | Contact: | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email Address: | |

Trade References

| | | | |
|----------------------|-------|----------------|------|
| Company Reference 1: | | Contact: | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email Address: | |
| Company Reference 2: | | Contact: | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email Address: | |
| Company Reference 3: | | Contact: | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | Email Address: | |

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with terms. The above information is warranted to be true and complete. We hereby authorize **Hi-Line Supply, Inc.** to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We address that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

| | | |
|-----------------------|--------|-------|
| Authorized Signature: | Title: | Date: |
|-----------------------|--------|-------|