



2505 N. Longview Street
Kilgore, TX 75663
PHONE: 903-983-2021
FAX: 903-983-2023

APPLICATION FOR CREDIT

Please type or print

Date: ____ / ____ / ____

Credit Line Requested: \$ _____

Company Name _____ Phone / FAX _____ / _____

Billing Address _____ City/State/ZIP _____

Shipping Address _____ City/State/ZIP _____

Type of Business _____

Name(s) Owners/Partners/Principals/Parent Company _____

Proprietorship ☐ Partnership ☐ Corporation ☐ Accts Payable Contact & Phone _____

Tax Exempt Number (If Applicable) _____ Years in Business _____

Is Purchase Order Required? ☐ Yes ☐ No Are Purchases for Resale? ☐ Yes ☐ No _____

Name of Bank _____ Bank Phone # / FAX _____

Address of Bank _____ City/State/ZIP _____

Checking Account Number _____ Bank Officer Contact _____

Trade References:

Company Name _____ Phone / FAX _____ / _____

Address _____ City/State/ZIP _____

Company Name _____ Phone / FAX _____ / _____

Address _____ City/State/ZIP _____

Company Name _____ Phone / FAX _____ / _____

Address _____ City/State/ZIP _____

The undersigned applies for open account credit and authorizes HYDESSCO, LLC to make any and all inquiries necessary for action on this credit application. I hereby indemnify HYDESSCO, LLC and its agents from any liability resulting from their credit survey. I understand that the information furnished on this application is for the purpose of obtaining credit from your firm; that I am authorized, in my capacity, to bind my firm accordingly and that payment is personally guaranteed; that all accounts or monies due your firm shall be due and payable at 2505 N Longview St, Kilgore, TX 75663 within 30 days.

Authorized Signature _____ Title _____ Date _____
Officer or Owner

Office Use Only

Approved By: _____ Date: _____ Amt: _____