

**RANPARR, INC.**  
**CREDIT APPLICATION**  
P. O. BOX 541988 \* DALLAS, TX 75354-1988  
214/496-9898 \* FAX 214/496-0882

DATE \_\_\_\_\_

SALESMAN \_\_\_\_\_

NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_

DBA \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FED. TAX I. D. \_\_\_\_\_ STATE TAX I. D. \_\_\_\_\_ DD# \_\_\_\_\_

(LIST NAMES OF OFFICERS, OWNERS, TITLES, ADDRESS AND PERSONAL PHONE)

<u>NAME</u>	<u>PERSONAL ADDRESS</u>	<u>CITY, ZIP &amp; PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LINE OF BUSINESS \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_

GALLONS TO PURCHASE: UL \_\_\_\_\_ MUL \_\_\_\_\_ PUL \_\_\_\_\_

CLEAR \_\_\_\_\_ RED \_\_\_\_\_  
ULSD \_\_\_\_\_ ULSD \_\_\_\_\_ (DD# REQUIRED)

EQUIPMENT \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_ BRANCH \_\_\_\_\_

BANKING OFFICER \_\_\_\_\_ BANK PHONE \_\_\_\_\_

CHECKING ACCT NUMBERS \_\_\_\_\_ BANK FAX \_\_\_\_\_

**LIST SIX BUSINESSES WHICH HAVE EXTENDED YOU CREDIT:**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE AND FAX</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (WE) MAKE APPLICATION FOR A CHARGE ACCOUNT TO BE SETTLED AT THE OFFICE OF RANPARR, INC., DALLAS, TEXAS. **INVOICES ARE DUE NO LATER THAN THE TENTH DAY OF THE MONTH FOLLOWING DATE OF PURCHASE**, UNLESS OTHERWISE STATED ON THE INVOICE. PLEASE BE AWARE THAT YOUR ACCOUNT MAY BE PLACED ON HOLD PENDING PAYMENT OF PAST DUE INVOICES. I FURTHER AUTHORIZE THE RELEASE ON ANY CREDIT INFORMATION ABOUT ME WHICH RANPARR, INC. CONSIDERS NECESSARY TO EVALUATE THIS CREDIT APPLICATION.

IN CONSIDERATION OF ANY CREDIT EXTENDED, I (WE, OR EITHER OF US) WILL INDIVIDUALLY AND OR JOINTLY GAURANTEE FULL AND PROMPT PAYMENT AT MATURITY OF ALL INVOICES THAT RANPARR, INC. RENDERS FOR MERCHANDISE FURNISHED, AND SUCH GAURANTEE SHALL REMAIN IN FORCE UNTIL ITS REVOCATION IS ACKNOWLEDGED IN WRITING. GUARANTOR AGREES TO PAY ALL ATTORNEY FEES SHOULD THE INDEBTNESS HAVE TO BE COLLECTED BY OUTSIDE SOURCES.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF OFFICER OR PRINCIPAL GUARANTOR

\_\_\_\_\_  
SIGNATURE OF OFFICER OR PRINCIPAL GUARANTOR

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DISPOSITION

\_\_\_\_\_  
DATE