

Please return to:
P.O. Box 9100 - Addison, TX 75001-9100
FAX 214-647-8099

LEGAL CUSTOMER NAME _____ DATE _____
PLEASE USE FULL LEGAL NAME, AND ALSO TRADE NAME (IF USED)

Tax ID Number _____

Billing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax _____ Branch or Division _____

All invoices are faxed please provide an accounts payable fax number _____

Check here if you would like online access for order entry, order status, and account status.

Type of Ownership Corporation - State _____ Partnership Individual

Principal Owners/Officers _____ Social Security # _____

_____ Social Security # _____

(If not incorporated please provide Address and Social Security Number of principals and authorize credit bureau check)

Estimated monthly purchases \$ _____ Amount of credit desired _____

BANKS (Checking Account)

Name _____

Name _____

Street Address _____

Street Address _____

Contact _____

Contact _____

Account No. _____

Account No. _____

TRADE REFERENCES

WE MUST HAVE COMPLETE MAIL ADDRESSES WITH ZIP CODES BEFORE WE CAN PROCESS APPLICATION
THIS INFORMATION CAN BE SKIPPED IF COMPANY CREDIT PROFILE IS ATTACHED

Name _____

Name _____

Street Address _____

Street Address _____

City,State,Zip _____

City,State,Zip _____

Phone # _____ Fax # _____

Phone # _____ Fax # _____

Name _____

Name _____

Street Address _____

Street Address _____

City,State,Zip _____

City,State,Zip _____

Phone # _____ Fax # _____

Phone # _____ Fax # _____

I understand that TERMS OF PAYMENT are: ½% 10 Days, NET 30 Days or as agreed. I agree that all payments are to be made to WILSON COMPANY at P.O. Box 9100, Addison, TX 75001. I agree that interest may be charged and must be paid from maturity on all obligations at the maximum rate allowed by law. I further agree that the undersigned will pay an additional amount for attorney's fees if this account is placed for collection with an attorney representing WILSON COMPANY. In the event WILSON COMPANY files suit, I agree that venue and jurisdiction are proper in a court located in Dallas County, Texas. This is a knowing WAIVER of any rights my company or I have to object to jurisdiction or venue.

NOTE: SIGNATURE IS REQUIRED BEFORE CREDIT CAN BE APPROVED.

Signed _____ Title _____ Date _____

Please Print Name _____

GUARANTY AGREEMENT

In order to induce **WILSON COMPANY** to extend credit to _____, hereinafter called Principal Debtor, and in consideration of such credit extension, the undersigned guarantor(s) does (do) hereby guarantee the prompt payment of all indebtedness of the said Principal Debtor to **WILSON COMPANY**. This is a continuing guaranty and cannot be canceled except by written notice to **WILSON COMPANY at P.O. Box 9100, Addison, TX 75001**. In the event of such cancellation, it is expressly understood that the undersigned will be responsible for all accounts owed by the said Principal Debtor except those accounts arising after the actual receipt by **WILSON COMPANY** of such cancellation.

The undersigned further waives any right to require **WILSON COMPANY** to proceed against the Principal Debtor before proceeding against the undersigned, and further waives notice of default of the Principal Debtor, and agrees that this guaranty will be enforced without proceeding in any manner against the Principal Debtor. This is an unlimited guaranty. The undersigned agree(s) to pay in addition to the principal amount owed, interest at the maximum rate allowed by law, and in the event that this guaranty is turned over to attorneys for **WILSON COMPANY** for collection, reasonable attorney's fees. I further agree that jurisdiction and venue are proper in any Dallas County Court in the event suit is brought on this Guaranty Agreement. This is a knowing **WAIVER** of any possible right to object to such jurisdiction or venue. The undersigned consents to Wilson Company to obtaining a consumer credit report on the guarantor for the purpose of evaluating the creditworthiness of the guarantor, in connection with the application for business credit.

SIGNED BY:

SIGNATURE

ADDRESS-RESIDENCE

PRINT LEGAL NAME

DATE

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

SIGNATURE

ADDRESS-RESIDENCE

PRINT LEGAL NAME

DATE

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

16301 Addison Road
Addison, TX 75001
Phone (972) 931-8666
Fax (972) 248-7472

Austin
8606 Wall Street, #1700
Austin, TX 78754
(512) 836-6076

Fort Worth
2205 Moneda St..
Richland Hills, TX 76117
(817) 595-2244

Houston
7330W.SamHoustonPkwyN.
Houston, Tx. 77040
832-467-0001

San Antonio
7806 Fortune Dr
San Antonio, TX 78250
(210) 680-2496

Texarkana
3200 E. 19th Street
Texarkana, AR 71854
(870) 772-5693

Mailing Address
P.O. Box 9100
Addison, TX 75001-