

**SALTRONIX, INC.**

114 N. Washington Ave.  
Odessa, TX 79761  
www.saltronix.com

Ph # (432) 334-6002  
Fax # (432) 334-6011

**Business Credit Application**

Application must be completed, dated and signed. Please print or type.

**Parent Company Info:**

Company Name

P.O. Box

Suite

City

State

Zip

Street Address

City

State

Zip

Telephone

Ext.

Fax

**Billing (If Different):**

Company Name

P.O. Box

Suite

City

State

Zip

Street Address

City

State

Zip

Telephone

Ext.

Fax

Contact For Accts. Payable

**Shipping (If Different):**

Street Address

City

State

Zip

**Legal Entity:** Partnership Sole Proprietorship Corporation Government Entity

Names Of Partners Or Officers

Are P.O. Numbers Required?

 Yes No Verbal Other \_\_\_\_\_

Are You Taxable?

 Yes No

(If not, please include a copy of your Texas or applicable state Tax Exempt/Resale Certificate.)

Federal I.D. Number

Dun &amp; Bradstreet Number

**Proprietorship Information:**

Social Security Number Of Owner

Driver License Number Of Owner

State

How Long In Business?

**Bank Information:**

Bank Name							
Address		City		State		Zip	
Telephone			Ext.				
Bank Officer							
Checking Acct. Number				Date Opened			
Savings Acct. Number				Date Opened			

**Credit References:**

Company Name							
Address		City		State		Zip	
Telephone							
Acct. Number							
Contact			Ext.				

Company Name							
Address		City		State		Zip	
Telephone							
Acct. Number							
Contact			Ext.				

Company Name							
Address		City		State		Zip	
Telephone							
Acct. Number							
Contact			Ext.				

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name Of Authorized Agent Or Officer \_\_\_\_\_

Signature Of Authorized Agent Or Officer \_\_\_\_\_