

**B & J Air & Pump, Ltd.**  
**P.O. Box 1846**  
**Alice, Texas 78333**  
**billing@bj-air.com**  
**Tele 361-664-3091**  
**Fax 361-664-6826**

Office Use Only
Account Opened: YES NO
Date Checked: _____
Checked by: _____
Approved by: _____

### Credit Application

Name of Firm \_\_\_\_\_  
Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Telephone No \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
How long in business \_\_\_\_\_

Principal of Business: Proprietor, Partners, Officers

Name	Complete Address	Telephone No.

Type of Business: Corporation \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_

Trade References:

Name	Complete Address	Telephone No.

Bank Reference

Name \_\_\_\_\_ Account No \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Loan Officer \_\_\_\_\_

Must each invoice have a PO #? \_\_\_\_\_

Are all purchases exempt from Texas State Sales Tax? \_\_\_\_\_

If so, please give Tax No. and send a copy of your Sales Tax Exempt Certificate:

\_\_\_\_\_  
Please complete and return to the above fax or email billing@bjair.com

Prepared by Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_