

ALCO Operations LP

dba ECONOMY SUPPLY
P.O. Box 191049
Dallas, TX 75219-8049
214-741-5463 Fax 214-698-1784

Check Branche(s) where you will be trading:

- Fort Worth
- Dallas
- Irving
- Waco
- Round Rock
- Austin

APPLICATION FOR CREDIT

Name of individual or business: _____

Street Address: _____
(Street) (City) (State) (Zip Code + 4)

Bill-to address if different: _____

Phone Number: _____
(Business) (Home) (Fax)

Type of Organization: Sole Proprietorship Corp. LLC Partnership LP Government _____

State names and titles of all principals or officers: _____

How long have you operated under the present name? _____

List previous business experience: _____

Approximately how much will you purchase per month? _____

Our policy requires payment by the 10th of the following month. Will you be able to follow this policy? Yes No

List below firms from which you are now buying on credit:

NAME	ACCOUNT #	PHONE #	FAX #
1. _____			
2. _____			
3. _____			

BANK NAME	LOCATION	ACCOUNT #	OFFICER	PHONE #

Our credit policies are as follows: Our books close the 25th of the month. Payment is due on or before the 10th of the month following the date of purchase. All payments are past due thereafter. Past due accounts will be charged a service charge of 1-1/2% monthly (18% annual rate) or the maximum non-usurious rate at the time the account is past due, whichever is smaller, on all past due balances. Debtor accepts credit with the understanding that all bills will be paid in accordance with our terms, regardless of where, when or how the materials purchased may be used.

It is agreed that sales are made and amounts due are payable at Dallas County, Texas. ALCO Operations LP is authorized to investigate my/our credit, including, but not limited to, obtaining reports from any credit reporting firm, or verifying any credit information. In the event collection is made through an attorney, reasonable attorneys' fees and all other cost of collection shall be paid by the debtor. All accounts are subject to the credit limits set by our credit department. All payments will be applied first to any unpaid service charges and balance as ALCO Operations LP may determine. It is agreed that I/we shall notify ALCO Operations LP in writing by certified mail of any change in the ownership or form of ownership within five days of such change.

In return for the extension of credit, I/we agree to be bound by this agreement.

(Must be officer or owner)

Date _____

Signature: _____

Soc. Security. # (signer) _____

Printed Name _____

Title _____

Driver's License # (signer) _____

Master Plumber # _____

(Name if other than signer) _____

The undersigned agrees to be jointly and severally liable for all debts incurred.

Signature: _____

**PERSONALLY & INDIVIDUALLY
RESPONSIBLE**