



Credit Application

T Name _____

O Address _____

City/State/Zip _____

Credit Mgr _____

Phone _____

F Norman Smith Equipment _____

R PO Box 1297 _____

O Channelview, Texas 77530 _____

M lisa.harrison@nsequipment.com _____

713-453-7993 _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ D&B Number: _____

Name of Company/Principles of Company/Address/Phone Number

Name of Person to Contact Regarding Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

SIGNED _____

TITLE _____

DATE _____

