

**DECORATOR SERVICES**  
503 W. Rhapsody, San Antonio, Texas 78216  
210-979-7979 \* Fax 210-979-7981

**CREDIT APPLICATION**

Resale Tax Number \_\_\_\_\_

Company Name on resale tax permit \_\_\_\_\_

\_\_\_\_\_ Yes, a copy of my resale tax permit that is required will accompany this application.

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

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

**Principal Owners / Officers**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**3 Trade References Required:** (For credit approval and for proof of being in the trade.)

Company \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Fax \_\_\_\_\_

**If you are not requesting credit, please select one of the following:**

\_\_\_\_\_ Request COD. Drivers License # Required \_\_\_\_\_

\_\_\_\_\_ Request Automatic Credit Card Payment (Current C.C # must be on file w/code)

Signed \_\_\_\_\_ Date \_\_\_\_\_