

NEW ACCOUNT APPLICATION

We want your business, but unfortunately banks & creditors will not release information without officer signatures, or account numbers. We do hope you understand, and look forward to doing business with you in the future.

Process to fill out our credit application:

• Complete your company information.

Your company's credit reference sheet will not be accepted. Our forms must be filled out.

Bank References:

• ALL the lines in the bank information sections must be completed. We must have the account number, direct fax, or email. Do not put a phone number, because we will not call. We must have the signature of an officer, or an authorized signer on the account.

Four Supplier References:

- ALL lines must be completed. Please include a direct fax number, or email. Do not put a phone number, because we will not call. Sub-Contractors will not be accepted as a reference.
- * You must accept our terms, and sign the bottom page of the New Account Application form. This is not an option, and nothing can be changed in this section. No application will be looked at, if this portion is not signed by an officer of the company.

If this information is not completed, and signed by an officer of the company, then your application will be denied.

If you have any questions, please contact Grace @ 713-896-9140 or at grace@sbs-frp.com.



NEW ACCOUNT APPLICATION

In order for Specialized Building Systems, LLC. to properly evaluate your firm for open account purchases, this credit worthiness must be completed and returned to us for review. Please allow 5-7 business days for processing. Please fill out the attached bank, and the four supplier forms.

Firm Name:

Your company's credit reference sheet will not be accepted. Our forms must be filled out.

Application Date:

		• •		
Mailing Address:		City, State, Zip:		
Telephone Number:		Fax Number:		
Date Business Started/Incorporated:		State of Incorporation:		
Is Your Business a: Corporation	Partnership	Proprietorship		
Contact for Accounts Payable				
Accounts Payable Phone Number:				
Accounts Payable Email:				
Open Lines of credit for all sales is given only after applicable taxes and freight charges, 30 days from the sales is given only after applicable taxes and freight charges.			le in full, including	
All payments are to be made is U.S. Dollars direct agent or bank.	tly to company office	es, the company assigned lock-box	or it's designated	
It is hereby understood that if Specialized Buildin indebtedness, all filings will be made in the courts			to recover all due	
It is further understood that all legal and/or collectible in addition to the full indebtedness plu		ed by Specialized Building Systems	s, LLC. will be totally	
We understand and accept all the credit terms a Building Systems, LLC. to contact all credit refer				
Signature must be provided to comple	te application.			
Terms Accepted By:		Title:	Date:	
Print Name:				
Please return via fax or email:				
713-896-1310 or grace@sbs-frp.com				



BANK REFERENCE

Name of Your Bank:	Date:	
Attention:	Direct Fax or Email:(phone numbers are not accepted)	
Your Account Number:		
Your Company Name:		
Your Address:		
City, State, Zip Code:		
Authorization is hereby given to Specialized Building Systems, I credit and banking history. (please be sure to provide an accouprocessed in a timely manner.)		
Customer's Signature:	Title:	
The above company is in the process of establishing credit with our company. They have listed you as their bank reference. Any information you are able to provide will be most appreciated, and will be held in confidence.		
To be completed by a bank representative.		
Date Account Opened:		
Average Balance:		
Recent N.S.F.'s:		
Comments:		



Name of Your Supplier:	Date:	
(Open account supplier with activity in the past 6 months. Sub-Contractors will not be accepted.)		
Attention:	Direct Fax or Email:(phone numbers are not accepted)	
Accordion.	Direct ax of Email. (phone numbers are not accepted)	
The company below is in the process of establishing credit with	· ·	
Any information you are able to provide will be most appreciated, and will be held in confidence.		
Your Company Name:		
Account Number, if required:		
Your Address:		
City, State, Zip Code:		
To be completed by your cumplior		
To be completed by your supplier.		
Date Account Opened:	High Credit:	
Current Balances:	Terms:	
Payment History:		
Date of Last Sale:		
Comments:		



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Account Number, if required:		
Your Address:		
City, State, Zip Code:		
To be completed by your supplier.		
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Current Balances:	Terms:	
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