



CREDIT APPLICATION

T Name: TOM BENSON IMPORTS INC
O Address: 9100 SAN PEDRO
City/State/Zip: SAN ANTONIO, TEXAS 78216
Credit Mgr: KATHYRN SCOTT - TREAS
Phone: 210-341-1356

F Name
R Address
O City/State/Zip
M E-Mail
Phone

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation: State _____

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

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

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

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

(3) 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 _____
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