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COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TYPE OF BUSINESS STRUCTURE (CORPORATION, LLC, ETC.) \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ OWNER OR PRINCIPAL OFFICER \_\_\_\_\_

ACCTS PAYABLE CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED ON THIS ACCOUNT (YES OR NO) \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK PHONE \_\_\_\_\_

BANK OFFICER \_\_\_\_\_

TRADE REFERENCES – PLEASE INCLUDE BUSINESS NAME, ADDRESS, AND PHONE NUMBER

REF # 1 \_\_\_\_\_

\_\_\_\_\_

REF # 2 \_\_\_\_\_

\_\_\_\_\_

REF # 3 \_\_\_\_\_

\_\_\_\_\_

IF GRANTED CREDIT, I AGREE TO PAY ALL BILLS ON THE 10<sup>TH</sup> OF THE MONTH FOLLOWING PURCHASE. ALL ACCOUNTS ARE SUBJECT TO A 1.5% SERVICE CHARGE (18% ANNUALLY) ON ALL PAST DUE ACCOUNTS AND ANY COLLECTION COSTS.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**\* PLEASE SUBMIT TAX RESALE CERTIFICATE WITH THIS FORM \***