



COBRA CAPS Credit Department

Fax # 888-772-6272
Phone # 800-500-2627 Ext 325
sylvia@cobracap.com

Mailing Address:

Po Box 550668
Dallas, TX 75355-0668
Attn: Sylvia Lopez

Application For COD Personal Check (Legible copy of driver's license and signatures below required)

Application For COD Company Check (Legible copies of driver's license, company information and signatures required)

Application For Net 30 Amount \$ _____ (Legible copies of driver's license and completed application required)

Check signor's name _____ Signature _____

Driver's license # _____ State _____

Phone No. _____ Fax No. _____ Sales Tax Permit No. _____
(Texas Company only)

Name of firm _____ Date business started _____

Billing address _____ City _____ State _____ Zip Code _____

Shipping address _____ City _____ State _____ Zip Code _____

Email address _____ Web Address _____

Ownership Partnership LLC Corporation Non-Profit Organization

Name and Title Driver's License No. Home Address w/ State

Accounts payable contact name _____ Phone No. _____ Ext. _____

CREDIT REFERENCES: ASI# _____ PPAI# _____

1.	_____	_____	_____	_____
	Name	Acct.#	Phone No.	Fax No. (required)
2.	_____	_____	_____	_____
	Name	Acct.#	Phone No.	Fax No. (required)
3.	_____	_____	_____	_____
	Name	Acct.#	Phone No.	Fax No. (required)

I (We) understand that the information furnished to you on this page is for the purpose of obtaining business credit from your firm. That I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due shall be due and payable at your place of business. That all past due accounts, notes, or judgments shall automatically draw interest at the maximum rate allowed by law. I (we) understand that an individual credit report may be required. If the account or note is placed with an attorney for collection, then the debtor and his guarantors, if any, are liable for reasonable attorney's fees and all reasonable costs incurred in the collection indebtedness.

Name/Signature

Name/Signature

PERSONAL GUARANTEE: In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension or credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended, and/or renewed without notice to me. That I will, within five days from date of notice that the account is past due, pay the amount due plus all interest, costs and attorney's fees. I understand that an individual credit report may be required.

Name/Signature

Date