



U-Turn Fasteners, Inc.
365 Exchange Dr
Arlington, TX 76011
Phone: 972-314-1221
Fax: 972-314-1225

Customer Application for Credit

Company Name: _____

Street Address: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

A/P Contact: _____ A/P Phone: _____

A/P Fax: _____ Owner: _____

Purchasing Contact: _____

Organization: Corporation / Partnership / Individual *(Circle One)*

Trade References

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Trade References (continued)

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Bank Reference

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____

Account Number: _____

Banking Officer: _____

Standard terms are Net 30 days. By signing this document, you are agreeing to pay within these terms. Please mail all payments to the above address, attention Accounts Payable. We reserve the right to cease open account sales should these terms not be met.

Signature of Officer: _____

Printed Name: _____

Title: _____ Date: _____