



Clear Game

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CREDIT APPLICATION

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____ **Email:** _____

Company Form: Sole Proprietor Partnership Private Corp Public Corp

Type of Business: _____ **Year Established:** _____

Principals Name: _____ **Title:** _____

Principals Name: _____ **Title:** _____

Accounts Payable Contact: _____ **D&B Number :** _____

BANK REFERENCE

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Name: _____ **Account #:** _____

TRADE REFERENCES

1. **Name:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

2. **Name:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

3. **Name:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **Fax:** _____

Collection expenses and/or legal fees incurred in the collection of overdue balances will be paid by delinquent account.

SIGNATURE: _____

DATE: _____

Print Name: _____