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CONFIDENTIAL NEW CLIENT APPLICATION

Billing	NAME OF BUSINESS _____ Address: _____ City/State/Zip: _____ Telephone Number _____ Fax _____ BILLING ADDRESS, If different from above _____ Address: _____ City/State/Zip: _____ Telephone Number _____ SHIPPING ADDRESS, If different from above _____ City/State/Zip: _____ Telephone Number _____
Information	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship SSN _____ <input type="checkbox"/> Corporation Sub-S Fed ID # _____ <input type="checkbox"/> Partnership SSN'S _____ <input type="checkbox"/> Institution (college) _____ <input type="checkbox"/> Corporation Fed ID # _____ DATE BUSINESS ESTABLISHED Month _____ Year _____ LENGTH OF PRESENT OWNERSHIP/MANAGEMENT _____ OWNER/MANAGER/PARTNER RESIDENCE Name: _____ Address: _____ City/State/Zip: _____ Telephone Number: _____ ASI NUMBER _____ REFERRED FROM _____ D&B NUMBER _____
References	BANK NAME _____ Account# _____ Address: _____ City/State/Zip: _____ Telephone Number: _____ Contact Person _____ TRADE REFERENCES (LIST 3) Name: _____ Address: _____ Phone# _____ Account# _____
Additional	ANNUAL SALES INFORMATION Previous Year's Gross Sales _____ Projected Gross Sales For Current Year _____ IF NEW BUSINESS, COMPLETE THE FOLLOWING PERSONAL CREDIT REFERENCES (LIST 2) Name: _____ Address: _____ Phone# _____