



Credit Application

And

Terms and Conditions

1. Please complete and sign the Credit Application.
2. Send the forms by email to accounting@spectraservices.net



SPECTRA SERVICES, LLC.
3738 Kermit Hwy
Odessa, TX 79764
Phone: (432)-653-5700

APPLICATION FOR CREDIT

Legal Business Name: _____

Billing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Position: _____ Email: _____

How long at current physical address? _____

Business Description: _____

Business Type: Corporation Legal Limited Corporation Partnership Sole Proprietorship

Date Business Commenced: _____ Purchase Orders Required? Yes No

Amount of Credit Requested: _____

Accounting Contact: _____ Phone: _____

Email Address: _____ Fax: _____

BANK INFORMATION

Financial Institution #1: _____

Branch Address: _____ State: _____ Zip: _____

Contact Name & Position: _____ Phone: _____

Type of Account: _____ Account Number: _____ Loan Number: _____

Financial Institution #2: _____

Branch Address: _____ State: _____ Zip: _____

Contact Name & Position: _____ Phone: _____

Type of Account: _____ Account Number: _____ Loan Number: _____

BUSINESS / TRADE REFERENCES

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

CREDIT TERMS AND CONDITIONS

I hereby certify that the information contained herein is accurate and complete. This information has been furnished with the understanding that it is to be used for the sole purpose of obtaining credit with Spectra Services, LLC.

By submitting this information, I authorize Spectra Services, LLC. to make inquiries into the banking and business/trade references listed above and authorize said references to release necessary information to Spectra Services, LLC. in order to determine the amount of the credit to be extended.

I understand that all invoices are to be paid within 30 days from the date of invoice. I also understand that if our account becomes delinquent, Spectra Services, LLC. may revoke all credit privileges and we agree to pay any and all legal costs pertaining to collection of said debt.

Printed Name _____ Title _____

Signature _____ Date _____

Printed Name (Officer) _____ Title _____

Signature _____ Date _____