



CREDIT APPLICATION

T Name: TOM BENSON IMPORTS INC _____
O Address: 9100 SAN PEDRO _____
 City/State/Zip: SAN ANTONIO, TEXAS 78216 _____
 Credit Mgr: KATHYRN SCOTT - TREAS _____
 Phone: 210-341-1356 _____

F Name _____
R Address _____
O City/State/Zip _____
M E-Mail _____
 Phone _____

Business Type: Sole Proprietor Partnership Corporation: State _____
 How long in business: _____ D&B Number: _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

(3) Trade References: Company Name, Address, Contact and Title, and Phone Number

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____ TITLE _____ DATE _____
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