



ACI Distributing & Manufacturing
P.O. Box 331659 Fort Worth, TX 76163

CREDIT APPLICATION

Open Account Requirements: **One year minimum time in business.** Three open account references.
Do not include bank, credit card or cash (C.O.D.) accounts.

Please Print or Type:

Account/Company Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Business Phone # _____ **Fax #** _____

Cell Phone # _____

Owner(s) _____

Desc. of Business _____ **Year Established** _____

Type of Business (check one) **Sole Proprietor** **Partnership** **Corporation**

E-mail _____ **Website/URL** _____

REFERENCES - Minimum of 3

Please provide account numbers and fax numbers for your references.

Your Account #	Your Account #
Company	Company
Address	Address
City	City
State Zip	State Zip
FAX # Phone#	FAX # Phone#

Your Account #	Your Account #
Company	Company
Address	Address
City	City
State Zip	State Zip
FAX # Phone#	FAX # Phone#

Your Account #	Your Account #
Company	Company
Address	Address
City	City
State Zip	State Zip
FAX # Phone#	FAX # Phone#

MANUFACTURING

IMPORT

WHOLESALE

817-370-9515

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