

For Office Use: Class \_\_\_\_\_ Credit Limit \_\_\_\_\_ Salesperson \_\_\_\_\_



# EPIC SUPPLY CREDIT APPLICATION

EPIC SUPPLY  
2441 MINNIS DRIVE  
HALTOM CITY, TX 76117  
PHONE: 817-288-8891

EMAIL TO: CAROLYNHUSSEY@EPICSUPPLY.COM

"SURPASSING EXPECTATIONS" Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address Physical \_\_\_\_\_ Bill-to \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

State Sales Tax No. \_\_\_\_\_ Contractor License No. \_\_\_\_\_

Proprietorship     Partnership     Corporation    Other \_\_\_\_\_

### Principal Owner(s) or Officer(s)

Name	Resident Address	Resident Phone

Other business principals \_\_\_\_\_

Date this business commenced \_\_\_\_\_ Annual Volume \_\_\_\_\_

If new, give past employment \_\_\_\_\_

Were any of the principals in business before?  Yes     No

If so, reason for discontinuing \_\_\_\_\_

Type of business \_\_\_\_\_ Type of work performed \_\_\_\_\_

Work from:  Home     Shop    No. of employees: Office \_\_\_\_\_ Shop \_\_\_\_\_

Are purchase orders issued?  Yes     No    Issued by whom? \_\_\_\_\_

Does your company have a Service Division?  Yes     No

Is this account:  Taxable     Non-Taxable    or     Taxable by the Job? (Please furnish certificates by job)

**PLEASE PROVIDE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED**

### Trade References

Name	Phone	Fax

### Bank Accounts

Name of Bank	Type of Account	Account Number

**REMIT PAYMENTS TO: 2441 MINNIS DRIVE, HALTOM CITY, TX 76117**

For Office Use: Class \_\_\_\_\_ Credit Limit \_\_\_\_\_ Salesperson \_\_\_\_\_

**Billing Method**

I would like to receive INVOICES by (choose one):  Mail  Fax  Email

Invoice fax number or email address \_\_\_\_\_

I would like to receive STATEMENTS by (choose one):  Mail  Fax  Email

Statement fax number or email address \_\_\_\_\_

**TERMS OF SALE**

2% 10th NET 30 of month following the month of purchase.

Accounts 30 or more days past due will be placed on a temporary hold status until payment arrangements are confirmed and approved by the credit manager.

Will firm submit a financial statement?  Yes  No

Amount of credit needed monthly? \_\_\_\_\_

**PERSONAL GUARANTEE**

The undersigned certifies the above information to be correct, that is submitted for the purpose of obtaining credit, and agrees to all the terms and conditions of sale of the company to whom it is submitted. In consideration of credit being extended or other financial accommodations to the above firm by Epic Supply, LLC (herein called Epic) the undersigned, personally, jointly, and severally unconditionally guarantee to Epic the prompt payment when due of any and all indebtedness and liabilities that are now, or at any time or times hereafter may be or become owing to Epic from the above named applicant for credit. The undersigned further guarantees the payment of all interest, attorney's fees, court costs and other costs of collection, which may be incurred by Epic.

**All past due amounts are subject to a 1.5% per month finance charge (18% per annum).** All applicants must notify Epic immediately of any change in business name, address, and or principal by certified or registered mail. All changes for merchandise sold under this account are expressly payable in **Tarrant County, Texas.**

**SIGNATURE REQUIRED**

---

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

---

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

---

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**REMIT PAYMENTS TO: 2441 MINNIS DRIVE, HALTOM CITY, TX 76117**



**EPIC SUPPLY JOB INFORMATION SHEET**

EPIC SUPPLY  
2441 MINNIS DRIVE  
HALTOM CITY, TX 76117  
PH: 817-288-8891

EMAIL TO: CAROLYNHUSSEY@EPICSUPPLY.COM

Customer \_\_\_\_\_

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Job Number (if applicable) \_\_\_\_\_

Job Foreman \_\_\_\_\_ Job Foreman Number \_\_\_\_\_

Commercial    Remodel    New Construction    Taxable    Non-taxable **(Please provide tax certificate)**

Residential      City, County, State, Authority

Are you a Sub to a Sub Contractor on this job?  Yes  No

Project Owner's Name \_\_\_\_\_

Address of Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone of Owner \_\_\_\_\_

General Contractor \_\_\_\_\_

Address of General Contractor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone of GC \_\_\_\_\_

Bonding Company \_\_\_\_\_

Phone of Bonding Company \_\_\_\_\_

Bonding Agent \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

General Contractor    Customer    None   |   Bond Number \_\_\_\_\_



# Texas Sales and Use Tax Exemption Certification

*This certificate does not require a number to be valid.*

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_


Street address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

*I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

 Purchaser	Title	Date
--	-------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

**THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.**

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.