



## CREDIT APPLICATION

### COMPANY INFORMATION

Name of Business:		
Tax ID #:	Phone:	Fax:
Physical address:		
City:	State:	ZIP Code:
Billing address:		
City:	State:	ZIP Code:
Acct Contact:	Phone:	Email Address:
<b>BANK REFERENCE</b>		
Institution Name:		
Contact Name:		Acct #:
Phone:	E-mail:	Fax:
<b>TRADE REFERENCES</b>		
Reference #1:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Reference #2:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Reference #3:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

Signature:	Date:
Print Name:	Title:

Please email this application to [operations@goldrushexpress.net](mailto:operations@goldrushexpress.net) or fax to 972-623-0111

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