



P. O. Box 301290
Dallas, TX 75303
281-530-2859 / 281-776-1969 Fax
credit@centuryac.com

Name of Property: _____

Property Management Co (PMC): _____ Date PMC Acquired Property: _____

Property Physical Address:

PMC Mailing Address:

Prop Manager Name: _____

Prop Supervisor Name: _____

Prop Phone #: _____

Prop Supervisor #: _____

Prop Fax #: _____

Prop Supervisor Email: _____

Prop Email: _____

AP Email: _____

Owner(s) Name: _____

Other Properties Owned and Phone #: _____

Date Owner Acquired Prop: _____

Owner Phone #: _____

Owner Email: _____

Trade References: Please list a minimum of three.

Table with 4 columns: Name, Address, Phone, Account#. Rows 1, 2, 3.

Please attach a copy of: [] EPA Certification [] TDL [] Certification of Tax Exemption

Terms and Conditions of Credit: The undersigned is an authorized agent of owner/property and applies by application for credit with CAC, and authorizes inquiry as to credit information for owner/property and now requests an account for such owner/property with CAC to be opened and serviced by CAC. Additionally, owner/property guarantees to CAC the full and timely payment of invoices, Net 30 Days from invoice date. Owner/property will continue to be financially responsible for all indebtedness unless written notice is timely provided to CAC, at which time future invoices will be the responsibility of new owner or Management Company.

Authorized Representative _____

Date _____