



# CREDIT APPLICATION

APPLICATION WILL NOT BE PROCESSED WITHOUT PURCHASE ORDER

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Date \_\_\_\_\_

Legal Corporation Name \_\_\_\_\_

POB # \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Corporation: ( ) Yes ( ) No Type \_\_\_\_\_ State \_\_\_\_\_

Dunn & Bradstreet Number \_\_\_\_\_ E-mail \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ A/P e-mail: \_\_\_\_\_

A/P Phone: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

**Bank References:**

Institution \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Account No's: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan(s) \_\_\_\_\_

**Other References (fax numbers or emails must be provided):**

Co. Name \_\_\_\_\_

Co. Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax/Email \_\_\_\_\_

Fax/Email \_\_\_\_\_

Co. Name \_\_\_\_\_

Co. Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

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

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

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax/Email \_\_\_\_\_

Fax/Email \_\_\_\_\_

**Please provide Sales & Use Tax Exemption Certificate**

**\*\*Signature\*\***

**Print Name & Title**

**Date**

**\*\*PAYMENT TERMS ARE NET 30 DAYS\*\***

*FOR HMC USE ONLY:*

Credit Limit Assigned \_\_\_\_\_ Acct# \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_