



Web Application

INDUSTRIAL HOSE & HYDRAULICS



2450 North Powerline Road, Suite # 1  
Pompano Beach, FL 33069-1051  
Ph: 954.960.0311 • Fax: 954.960.0533

**Credit Application**

Thank you for requesting a credit application and your interest in opening a charge account. We appreciate your interest and will begin processing your application upon return. Upon approval you will be notified as to when you may begin using the account.

**Payment is due Net 30 days from invoice date.**

**The following must be filled out completely in order to process the application.**

Please provide complete information in ALL sections.

**GENERAL COMPANY INFORMATION**

LEGAL BUSINESS NAME \_\_\_\_\_  
DOING BUSINESS AS \_\_\_\_\_  
FEDERAL ID NUMBER \_\_\_\_\_

**BUSINESS CLASSIFICATION**

(Check One)  Sole Proprietor  Partnership  Corporation  
 Description, Specify \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**TYPE OF BUSINESS**

(Check One)  Consumer  Government  Distributor  OEM  
 Jobber  Description, Specify \_\_\_\_\_

PHYSICAL ADDRESS	MAILING ADDRESS (if different)
Street _____	P.O. Box: _____
Suite No. _____	Street _____
City _____	City _____
State / Zip _____	State / Zip _____

**ACCOUNTS PAYABLE CONTACT:** \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ Tax Exempt:  Yes \*  No  
Fax Telephone: ( ) \_\_\_\_\_ \* If yes, send exemption certificate  
Years in Business: \_\_\_\_\_ with application.

**INFORMATION ON COMPANY OFFICERS:**

**PRINCIPAL OR OWNER**

**SECOND PRINCIPAL OR OWNER**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street \_\_\_\_\_ Street \_\_\_\_\_  
City / State/ Zip \_\_\_\_\_ City / State/ Zip \_\_\_\_\_

**BANKING AND CREDIT REFERENCES**

**PRINCIPAL BANK REFERENCE**

**ADDITIONAL BANK OR CREDIT REFERENCE**

Bank \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State / Zip \_\_\_\_\_ State / Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Account # \_\_\_\_\_

**TRADE REFERENCES (minimum four required) \*PLEASE PROVIDE FAX # AND ACCOUNT #'S**

<b>Reference # 1</b>	<b>Acct.#</b> _____	<b>Reference # 2</b>	<b>Acct. #</b> _____
Name _____		Name _____	
Address _____		Address _____	
City _____		City _____	
State / Zip _____		State / Zip _____	
Phone # / Fax # _____		Phone # / Fax # _____	
<b>Reference # 3</b>	<b>Acct.#</b> _____	<b>Reference # 4</b>	<b>Acct. #</b> _____
Name _____		Name _____	
Address _____		Address _____	
City _____		City _____	
State / Zip _____		State / Zip _____	
Phone # / Fax # _____		Phone # / Fax # _____	

**TERMS AND CONDITIONS**

*Applicant Hereby Acknowledges the following:*

The information supplied by applicant is complete and accurate. Industrial Hose & Hydraulics' terms for extension of credit are **30 days NET**. Industrial Hose & Hydraulics Inc. reserves the unconditional right to refuse credit or, to close any account, at any time, without prior notice. Closed credit accounts become payable, in full, immediately.

**PURCHASE ORDERS REQUIRED?**

CHECK ONE  YES  NO

**STATEMENT REQUESTED?**

CHECK ONE  YES  NO

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**FOR OFFICE USE ONLY**

IHH REP: \_\_\_\_\_

**References Mailed**

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Account Approved:**

Date: \_\_\_\_\_  Yes Credit Limit: \_\_\_\_\_

By: \_\_\_\_\_  No Account #: \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_