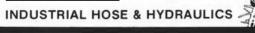


Web Application



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



Credit ApplicationThank 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.

Ticase provide complete information in ALL sections.							
GENERAL COMPANY INFORMATION							
LEGAL BUSINESS NAME							
DOING BUSINESS AS							
FEDERAL ID NUMBER							
BUSINESS CLASSIFICATION				TODAY'S DATE:			
(Check One)	☐ Sole Proprietor		☐ Partnership	□ Corpora	oration		
	☐ Description, Specify						
TYPE OF BUSINESS							
(Check One)	\square Consumer	☐ Gove	rnment	□ Distributor	□ 0EM		
	□ Jobber	☐ Desc	ription, Specify ₋				
	PHYSICAL ADDRESS MAILING ADDRESS (if differe			(if different)			
Street	P.O. Box:						
Suite No Street							
City City							
State / Zip State / Zip							
ACCOUNTS PAY	ABLE CONTACT:						
Business Telephone: () Tay Every Tay Section 1.							
Fax Telephone: ()				IAX EXCITIOL. LI TES LI NO			
Years in Business:							
INFORMATION	ON COMPANY O	FFICERS:					
PRINCIPAL OR OWNER			SECOND	SECOND PRINCIPAL OR OWNER			
Name			Name	Name			
Soc. Sec. #			Soc. Sec. #	Soc. Sec. #			
Home Phone			Home Pho	Home Phone			
Street			Street	Street			
City / State/ Zip			City / State	City / State/ Zip			

BANKING AND (CREDIT REFERENCES			
PRINCIPAL BANK REFERENCE	ADDITIONAL BANK OR CREDIT REFERENCE			
Bank				
Address				
City				
State / Zip	- ,			
•	Account #			
) *PLEASE PROVIDE FAX # AND ACCOUNT #'S			
· ·	Reference # 2 Acct. #			
Reference # 1 Acct.#				
	Name			
Address	Address			
City	•			
State / Zip Phone # / Fax #	Phone # / Fax #			
Reference # 3 Acct.#	Reference # 4 Acct. #			
Name	City			
Address				
City				
State / Zip				
Phone # / Fax #				
The information supplied by applicant is complete and accur-	cknowledges the following: ate. Industrial Hose & Hydraulics' terms for extension of credit are unconditional right to refuse credit or, to close any account, at any ayable, in full, immediately.			
PURCHASE ORDERS REQUIRED?	STATEMENT REQUESTED?			
CHECK ONE ☐ YES ☐ NO	CHECK ONE ☐ YES ☐ NO			
Signature of Applicant:	Title:			
Print Name:				
Time Number	- Bate of Application.			
FOR OFFICE USE ONLY	IHH REP:			
References Mailed				
Date: By:				
Account Approved:				
Date: □ Yes	Credit Limit:			
By: □ No	Account #:			
NOTES:				