

## APPLICATION FOR CREDIT

Please fill in the **entire** application. We look forward to working with you on an "open account" basis. Thank you.

Date \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Year Est.: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Other DBA's & Company names vendors and bank may know you as: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ - AP/Email \_\_\_\_\_

- Fax (     ) \_\_\_\_\_

Bill To: \_\_\_\_\_ Ship To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate:    ☐ - Corporation    ☐ - Sole Proprietor    ☐ - Partnership

*IF PARTNERSHIP - Please provide data for all partners:*

Owner Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

D & B Rating: \_\_\_\_\_ Number of stores: \_\_\_\_\_ Do any of your stores have an account with us currently? Y   N

**OPEN ACCOUNT TRADE REFERENCES:** (Please do not list credit cards, stationery store, gas stations)

**\*\*Please fill-in all requested information (including fax #) - PLEASE PRINT CLEARLY\*\***

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. \*YOUR BANK \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ \*\*\***(MUST HAVE ACCT NUMBER TO PROCESS)**\*\*\*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Credit Limit requested: \$ \_\_\_\_\_** When approved, Credit Terms are Net 30 Days (Includes open invoices and orders in work)

I agree to pay within these terms, and I understand that if our account is not current, shipments may be sent C.O.D. (with prior notification).

I also authorize the references listed above to release credit information to HERO'S PRIDE and authorize HERO'S PRIDE to contact Experian, D & B or other credit rating services

Printed Name : \_\_\_\_\_ Title : \_\_\_\_\_ Signature: \_\_\_\_\_ Date : \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE - FOR HP CREDIT DEPT USE

☐ Quote -or- ☐ Order Pending - Amount \$ \_\_\_\_\_ Initials: \_\_\_\_\_ Customer #: \_\_\_\_\_ PLAR08 \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_

☐ Computer Approved by: \_\_\_\_\_ Date: \_\_\_\_\_