

## CREDIT APPLICATION

Official Company Name: \_\_\_\_\_

Bill to:

Ship to: (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### BUSINESS INFORMATION

Check One : ( ) Corporation ( ) Partnership ( ) Proprietorship ( ) Subsidiary of or ( ) Division of \_\_\_\_\_

Years in Operation: \_\_\_\_\_

President/CEO: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

Purchasing: \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

### BANK INFORMATION

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_

### TRADE REFERENCES

Reference 1 \_\_\_\_\_ Reference 2 \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Please fax back to:

Hamilton A/R Fax: 651-322-7936

Please provide us with copies of all tax exemption certificates with tax id numbers.

All Checks will be payable to " Hamilton "

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Hamilton**

P.O. Box 148 Rosemount, MN 55068

651-247-8224 / Fax 651-322-7936 / sales@hiscore.us / www.hiscore.us