



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Primary business address City, State ZIP Code		Resale Certificate Number or FEIN (attach a copy to the application)	
Phone		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Fax			
Email			
Web address			

INVOICING BUSINESS AND CREDIT INFORMATION

How would you like to receive your invoices?	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Other _____	Bank name:	
Primary Accounting Contact information		Primary business address City, State ZIP Code	
Invoicing Email		Phone	
Invoicing Fax		Last four digits of Account number	
Invoicing Mailing address		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
City, State and Zip Code			
Other			

THREE BUSINESS/TRADE REFERENCES (USE ADDITIONAL SHEET)

Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date

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