

The Haskins Company, Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:		Type of Business:	
Primary Contact/Title:			
Phone:	Fax:	E-mail:	
Business Billing address:			
City:	State:	ZIP Code:	
Please provide email for invoicing:			
Additional Contact(s):			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Business Shipping address:		
City:	State:	ZIP Code:
How long at current address?		
Bank name:		
Bank address:	Phone/Fax:	
City:	State:	ZIP Code:
Type of account:	Account number	
Sales Tax Exemption#	Federal Tax ID #	
Would you like Order Confirmations by Email?	Would you like Shipment Confirmations by Email?	

BUSINESS/TRADE REFERENCES

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

AGREEMENT

1. All invoices are Net 30 days from the date of the invoice. Past due balances are subject to a monthly charge of 1½%.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize The Haskins Company, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

X	TITLE	DATE
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APPROVED BY: _____	FOR OFFICE USE ONLY TERMS: _____	CREDIT LIMIT: _____
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