



972.620.8812
800.822.5443
FAX 972.242.5533
HAZELSHOTSHOT.COM

Company Information

New Customer Credit Application

NAME OF FIRM

PHYSICAL ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

FAX NUMBER

BILLING ADDRESS IF DIFFERENT FROM ABOVE

ACCOUNTS PAYABLE CONTACT

PHONE

EMAIL

Ownership: Corporation Partnership LLC Individual _____
Federal Id#/Duns#

1) _____
NAME OF PRINCIPAL

2) _____
NAME OF PRINCIPAL

3) _____
NAME OF PRINCIPAL

INVOICE REQUIREMENTS: Email Invoice Only ~ Email Address: _____
 Mail Invoice with Backup Paperwork Separate Invoices Per Job

Credit Terms Are Net 30

Financial Information

PRIMARY BANK

BANK ADDRESS

BANK OFFICER

PHONE

FAX

EMAIL

References:

1.) _____
BUSINESS NAME ADDRESS PHONE FAX EMAIL

2.) _____
BUSINESS NAME ADDRESS PHONE FAX EMAIL

3.) _____
BUSINESS NAME ADDRESS PHONE FAX EMAIL

4.) _____
BUSINESS NAME ADDRESS PHONE FAX EMAIL

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, we agree that all payments that are not made in a timely manner will accrue penalties and interest and that any collection fees incurred in the process of collecting any delinquent payments will be the responsibility of the customer.

Signed _____ Title _____ Date _____