



972.620.8812
 800.822.5443
 FAX 972.242.5533
 www.HAZELS.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 _____

Duns # / Federal Id# _____

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. 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. We also hereby grant permission to our bank officer listed above to release necessary information to determine our credit worthiness.

Signed _____ Title _____ Date _____