

# Hamilton Equipment, Inc. Credit Application

PO Box 478  
Ephrata, PA 17522

[www.haminc.com](http://www.haminc.com)

Phone: **800-733-0275**  
Fax: **866-327-9329**

## Business Information

Company name:		Application date:	
aka:		Years in business:	
Mailing address:		Credit requested:	
City:		State:	ZIP:
Telephone:	Fax:	E-mail:	
How long at current address?		EIN #	
Website:		Major line(s) handled:	

Is Purchase Order # Required  Yes  No Details:

Type: Sole proprietorship  Partnership  Corporation  Other

Shipping address (if different):

City:		State:	ZIP:
Telephone:	Fax:	E-mail:	

Additional shipping address:

City:		State:	ZIP:
Telephone:	Fax:	E-mail:	

State tax exempt:  Yes  No if Yes, you must supply exemption certificate

## Company Contacts

Owner:	E-mail:	
Title:		
Phone:	Ext.	Fax:

Owner/Officer:	E-mail:	
Title:		
Phone:	Ext.	Fax:

Owner/Officer:	E-mail:	
Title:		
Phone:	Ext.	Fax:

Accounts Payable:	E-mail:	
Phone:	Ext.	Fax:
Preference for invoices: <input type="checkbox"/> fax or <input type="checkbox"/> email		

Buyer:	E-mail:	
Title:		
Phone:	Ext.	Fax:

Other Contact:	E-mail:	
Title:		
Phone:	Ext.	Fax:

Company name:	Application date:
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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Bank Reference**

Bank name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<i>Type of account</i>	<i>Account number</i>	<i>Type of account</i>	<i>Account number</i>
Savings		Line of Credit	
Checking		Loan	

**Business/Trade References**

(1) Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

(2) Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

(3) Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Agreement**

1. We agree that we will pay the entire invoice price according to Hamilton's terms and failure to pay shall entitle Hamilton to charge interest at the rate of one and one half percent per month.
2. Should Hamilton incur expenses for the costs of collection, including but not limited to, attorney's fees, such amounts shall be added to the unpaid balance of our account and shall be due and owing to Hamilton.
3. We hereby authorize the above named bank and trade references to release any and all personal and/or business information concerning our credit history with your company to Hamilton Equipment, Inc. A photocopy of this signed authorization may be accepted as an original.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

**For Hamilton Use Only**

Credit Inquiries	Requested:	Received:		Requested:	Received:
Bank:			Ref 2:		
Ref 1:			Ref 3:		
D&B Rating:			D&B Rating:		
Set-Up:			H.E. Credit Limit:		

Special instructions: \_\_\_\_\_

Catalog Requested: \_\_\_\_\_ Machinery \_\_\_\_\_ Lawn & Garden \_\_\_\_\_ Snow Removal \_\_\_\_\_ Other \_\_\_\_\_

Catalog given to customer \_\_\_\_\_ District #: \_\_\_\_\_ State #: \_\_\_\_\_ County #: \_\_\_\_\_

**Fax Completed Application to: 866-327-9329**

Or Mail to: **Hamilton Equipment, PO Box 478, Ephrata PA 17522**