

Hamilton Distributing Co. Credit Application

PO Box 478
Ephrata, PA 17522

www.hamdist.com

Phone: 800-733-1378
Fax: 888-329-3733

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:
---------------	-------------------

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: 888-329-3733 **Or Mail to: Hamilton Equipment, PO Box 478, Ephrata, PA 17522**
Or Email to: ardept@haminc.com