

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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Details:	
Type: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>			
Shipping address (if different):			
City:		State:	ZIP:
Telephone:	Fax:	E-mail:	
Additional shipping address:			
City:		State:	ZIP:
Telephone:	Fax:	E-mail:	
State tax exempt: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Machinery <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Snow Removal <input type="checkbox"/> 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