



HazmatSM Credit Application

Customer Information:

Company Name: _____

Billing Address: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

Shipping Address: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

Accounts Payable Contact Name: _____ Phone #: _____

Years in Business: _____ Annual Sales: _____

Banking Information:

Bank Name: _____

Address: _____

Contact Name: _____ Phone #: _____

Trade References: Please attach a listing of four trade references.

New York State Sales Tax: Applies _____ Exempt _____
(If exempt, please attach exemption, resale, or direct payment certificate)

Credit Terms:

Net 30 days (US Funds). A service charge of 2% per month will be added after the due date along with all reasonable costs and expenses, including counsel and collection expenses incurred by Hazmat in the event of default.

Is a purchase order required? Yes _____ No _____

Certification:

We certify that all the information on this application is correct. We fully understand the stated credit terms. In consideration of extended credit we promise to make payment within the stated terms.

Signed _____ Title _____
Date _____

<p><u>For HazMat Use Only:</u></p> <p>Is a Credit Check required? _____ If so, How much is needed? _____</p> <p>How much credit has been issued? _____</p>
