



P.O. Box 9576 · 4515 Agnes Street · Corpus Christi, Texas 78469 · 361-884-9335 · Fax 361-887-7538

Application for Credit with Hose of South Texas, Inc.

E-Mail completed form to sales@hose-etc.com or fax to 361-887-7538

Company Information

Terms: Net 30 Days

Legal Business Name: _____		DBA: _____	
Billing Address: _____			
STREET/P.O. Box		CITY/STATE	ZIP
Shipping Address: _____			
STREET		CITY/STATE	ZIP
Company Type:			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
No. of Employees: _____	Year Established: _____	Annual Sales: _____	
Federal Tax ID (If Corporated): _____		State of Incorporation: _____	
<input type="checkbox"/> Taxable		<input type="checkbox"/> Non-Taxable If tax-exempt, provide respective certificate	
		Credit Limit Requested: _____	
E-Mail Address(es): _____			
Main Phone Number: _____		Main Fax: _____	
Website: _____			
Primary A/P Contact: _____		E-mail: _____	
		Phone Number: _____	Fax: _____
Secondary A/P Contact: _____		E-mail: _____	
		Phone Number: _____	Fax: _____
Purchasing Agent: _____		E-mail: _____	
		Phone Number: _____	Fax: _____
Office Manager: _____		E-mail: _____	
		Phone Number: _____	Fax: _____

Owner Information

Full Name: _____		Social Security #: _____	
Title: _____			
Home Address: _____			
		City/State	Zip
E-mail: _____		Phone # _____	

Bank References

Bank Name: _____		Account #: _____		Contact: _____	
Address: _____					
		City/State	Zip	Phone# _____	

Trade Credit References

Company Name: _____	Contact: _____	Acct #: _____
Phone #: _____	E-Mail Address: _____	
Address: _____		
	City/State	Zip
Company Name: _____	Contact: _____	Acct #: _____
Phone #: _____	E-mail Address: _____	
Address: _____		
	City/State	Zip
Company Name: _____	Contact: _____	Acct #: _____
Phone #: _____	E-Mail Address: _____	
Address: _____		
	City/State	Zip
Company Name: _____	Contact: _____	Acct #: _____
Phone #: _____	Email Address: _____	
Address: _____		
	City/State	Zip

Signature _____ Date _____

Title _____

FOR OFFICE USE ONLY

Line of Credit _____	Salesman _____
Date Approved _____	Approved by _____
Date Received _____	

Experian Report

Intelliscore _____

Stability _____

DBT _____

Recommended _____

Credit Limit _____

SIC Code: _____

IMPORTANT - PLEASE READ BEFORE SIGNING

The above information, as well as that given on any forms provided, are for the purpose of obtaining credit and warranted to be true. The undersigned is executing this Authorization for Hose of South Texas to investigate the references listed and to obtain a consumer credit report on the undersigned individual(s) through credit and consumer reporting agencies or other sources, in order to further evaluate the creditworthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to the Applicant. Applicant agrees that in any legal action brought by Hose of South Texas and/or its subsidiaries to enforce its rights, applicant will pay said company's attorney's fees and costs of suit, in any amount to be determined by the court in which the action is brought, including any collection costs. **APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE TERMS ON OUR INVOICES.**

Date: _____

Print Customer Name and Title

Signature

CONDITIONS AND AGREEMENT OF CREDIT SALES

New customers must submit a complete Hose of South Texas Credit Application. Credit limits will be determined by the financial strength and payment history of the potential customer. Existing customers may be required at times to update credit information for the purpose of increasing or maintaining credit limits. **TERMS** are **Net 30 Days** from the date of invoice. Open orders may be held in the event the existing credit limit is exceeded or in the event a customer fails to pay the invoice within terms. **LATE CHARGES** at a rate of 1.5% per month will be assessed for repetitive late accounts. **PAYMENT** will be applied to a specific invoices as indicated on the customer's remittance. A substantial charge will be assessed in the event a customer check is returned. **COLLECTION POLICY** all collection fees, court costs and interest charges will be petitioned for recovery from delinquent accounts.

Date: _____

Print Customer Name and Title

Signature