

**The Haskins Company, Inc.**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company Name:		Type of Business:	
Primary Contact/Title:			
Phone:	Fax:	E-mail:	
Business Billing address:			
City:	State:	ZIP Code:	
<b>Please provide email for invoicing:</b>			
Additional Contact(s):			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Business Shipping address:		
City:	State:	ZIP Code:
How long at current address?		
Bank name:		
Bank address:	Phone/Fax:	
City:	State:	ZIP Code:
Type of account:	Account number	
Sales Tax Exemption#	Federal Tax ID #	
<b>Would you like Order Confirmations by Email?</b>	<b>Would you like Shipment Confirmations by Email?</b>	

**BUSINESS/TRADE REFERENCES**

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

**AGREEMENT**

1. All invoices are Net 30 days from the date of the invoice. Past due balances are subject to a monthly charge of 1½%.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize The Haskins Company, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURE**

<b>X</b>	<b>TITLE</b>	<b>DATE</b>
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<b>APPROVED BY:</b> _____	<b>FOR OFFICE USE ONLY</b> TERMS: _____	CREDIT LIMIT: _____
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