

146 Sheldon Road Box 1140 Manchester CT 06040-1140
860-646-3322 800-832-1013 Fax 860-647-7057 hillyard-rovic@hillyard.com



CREDIT APPLICATION

The following confidential information is submitted as a basis to open an account. (Please print or type)

Billing Address:
Street City State Zip

Shipping Address

Shipping instructions, Delivery hours, etc. _____
Business: Corporation _____ Partnership _____ Individual proprietorship _____
(SS# if proprietorship)
Type of Business _____ Phone _____ Fax _____ Email _____

This firm has been in business _____ years. Located at this address _____ years.

Resale or Exemption Tax Certificate # (attach copy) _____ Credit desired \$ _____

Monthly statement required Yes _____ No _____ PO required Yes _____ No _____

OK to fax invoices/statements Yes _____ or email invoice/statements Yes _____ No _____

Contact us about electronic payment Yes _____ No _____

Names of Owners, Partners or Officers:

1. _____

2. _____

Name Title Address Phone
Accounts Payable Manager

Name Phone Fax

Purchasing Manager

Name Phone Fax

Credit References (Please include complete address for processing)

Name of Bank _____ Address _____ Phone _____

Type of account: Checking _____ Savings _____ Loan _____ Bank Account # _____

Name 1. _____ 2. _____ 3. _____

Address _____

City, State, Zip _____

Phone _____

Fax # _____

INDICATED BY MY SIGNATURE BELOW IS THE AUTHORIZATION TO DO THE INVESTIGATION NECESSARY IN ORDER TO ESTABLISH AND MAINTAIN A CREDIT LINE WITH ROVIC. The information provided by me is true and accurate to the best of my knowledge. I have read, understand, and will abide by the payment terms of net 30 days. I agree to pay all charges/expenses incurred in the collection of any monies due under this agreement.

Signature

Corporate Officer, Partner, Owner Title Date

For office use only

Salesman _____ Approved \$ _____ Date _____ By _____ LTR _____

Customer Code _____ Ship Via _____ SIC Code _____

Company _____