



BUSINESS CREDIT APPLICATION

COMPANY INFORMATION

Name of Business:			Tax I.D. Number:
Address:			DUNS#:
City:	State:	ZIP:	Phone:

Type of Business:	In Business Since:	Web Site:	
Legal Form Under Which Business Operations: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP			Email:
If Division/Subsidiary, Name of Parent Company:			In Business Since:
Name of Company Principal Responsible for Business Transactions:			Title:
Address:			
City:	State:	ZIP:	Phone:

SHIPPING ADDRESS *(if different from above)*

Address:			
City:	State:	ZIP:	Phone:

COMPANY OFFICERS / OWNERS / PARTNERS

Title:	Name:	Phone:	Email:
Title:	Name:	Phone:	Email:
Title:	Name:	Phone:	Email:



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BANK REFERENCE

Name of Bank:			
Address:			City:
State:	ZIP:	Phone:	FAX:
Contact Name:		Contact Email:	

TRADE REFERENCE #1

Company Name:			
Address:			City:
State:	ZIP:	Phone:	FAX:
Contact Name:		Contact Email:	

TRADE REFERENCE #2

Company Name:			
Address:			City:
State:	ZIP:	Phone:	FAX:
Contact Name:		Contact Email:	

TRADE REFERENCE #3

Company Name:			
Address:			City:
State:	ZIP:	Phone:	FAX:
Contact Name:		Contact Email:	



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FINANCIAL CONTACT

Contact Name:	Contact Phone:
Contact Email:	Email Invoice Address:

Credit Limit Requested: \$

BILLING INFORMATION

Federal Tax ID #:	Purchase Order Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Statement Required? <input type="checkbox"/> YES <input type="checkbox"/> NO
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If you require a mailed invoice copy:

Address, City, State, ZIP:

SALES TAX *(If Yes, please attach a hard copy of your Sales Tax Certificate)*

Sales Tax Exempt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Sales Tax Exemption #:	State:
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CREDIT CARD PAYMENT INFORMATION *(We only accept credit cards from USA registered banks)*

Card Type:	Card Number:	Exp Date:	Panel Code:
Authorized Signature: <input style="width: 800px; height: 30px;" type="text"/>			

The undersigned certifies that the information and statements made in this application are true and correct, and are made for the purpose of inducing Cline Hose & Hydraulics, LLC to open an open line of credit. The undersigned agrees to allow Cline Hose & Hydraulics, LLC to publish this credit report for credit approval to all of the above listed references. The undersigned acknowledges that unless otherwise stated, terms are Net 30, and agrees to pay reasonable attorney fees for collections plus interest in the event of default of payment within the described terms. All accounts are subject to a service charge of 1.5% per month, 18% annual rate. Any application that is not complete or properly signed may be rejected.

Authorized Signature: _____ **Title:** _____
Must be an Officer/Owner/Partner

Printed Name: _____ **Date:** _____

<p>Please FAX and then Mail an original copy of this application back to:</p> <p>Cline Hose & Hydraulics • ATTN: Accounting P.O. Box 1188 • Mauldin, SC 29662</p> <p>FAX: (864) 233-7483</p>	<p>Or fill it out electronically, save it, and email the saved pdf to:</p> <p>ar@clinehose.com</p>
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