

HAGEMEISTER ENTERPRISES INC.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

FOR OFFICE USE ONLY

ACCT#:

DATE OPENED:

BUSINESS CONTACT INFORMATION

Title:

Company name:

Contact Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business started:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Billing Address For Statements:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

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 to be paid 30 days from the date of the invoice.**
- 2. Claims arising from invoices must be made within seven working days.**
- 3. By submitting this application, you authorize HAGEMEISTER ENTERPRISES INC. to make inquiries into the banking and business/trade references that you have supplied.**
- 4. ALL INVOICES NOT PAID IN 30 DAYS, WILL BE CHARGE A \$5.00 LATE FEE – NO EXCEPTIONS**

SIGNATURES

Print and Sign Name:

Date:

Print and Sign Name:

Date: