



Howard Supply Company, LLC (Credit Application)

Company Name: _____

Type of business: _____

(Trust (1041), Non-profit organization (990) Sole Proprietor (1040 Schedule C), Corporation (1120), Partnership (1065), S-Corporation (1120S))

Business mailing address: _____

City: _____ **St:** _____ **Zip:** _____

Business shipping address: _____

City: _____ **St:** _____ **Zip:** _____

Business Telephone: _____ **Fax:** _____

Industry or Category of Business (SIC/NAICS Code) _____

Accounts Payable contact name: _____

Accounts Payable e-mail address: _____

Accounts Payable telephone: _____ **Fax:** _____

Emergency Accounts Payable contact with authority to resolve past due Invoices:

Contact name: _____

Years of Service with company: _____

Contact Title: _____

Contact e-mail address: _____

Contact telephone: _____

Federal ID #: _____ **Dun and Bradstreet #** _____

Name of your banking institution: _____

Address: _____

Phone: _____

Requested Credit Limit Amount: \$ _____

Does your company require a purchase order: ___ Yes ___ No

Are your purchases tax exempt: ___ Yes ___ No

(if yes, please provide a copy of your exemption certificate along with this credit application)

Do you require authorized persons to make purchases: ___ Yes ___ No

Names: _____

Trade References (3 required):

Name: _____

City, St: _____

Phone: _____ **Fax:** _____ **E-mail** _____

Name: _____

City, St: _____

Phone: _____ **Fax:** _____ **E-mail** _____

Name: _____

City, St: _____

Phone: _____ **Fax:** _____ **E-mail** _____

(Credit Application)

Company Officers or Principals:

Name: _____
Title: _____
Address: _____
City, St Zip: _____
Phone number: _____ - _____ - _____ SS #: _____ - _____ - _____

Name: _____
Title: _____
Address: _____
City, St Zip: _____
Phone number: _____ - _____ - _____ SS #: _____ - _____ - _____

Name: _____
Title: _____
Address: _____
City, St Zip: _____
Phone number: _____ - _____ - _____ SS #: _____ - _____ - _____

Has the company or any of its principals ever been Bankrupt? _____ Yes _____ No
If Yes, explain: _____

Credit Terms:

Payment is due 30 days from the date of invoice and may be subject to late charges, finance charges, and any reasonable collection costs including attorney fees. This account will be an open balance account and not a revolving charge account.

By signing this credit application, you agree to our terms and authorize Howard Supply Company, LLC to obtain credit information needed to establish an open account. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Howard Supply Company, LLC to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report.

Authorized Signature: _____ Date: _____

Print name: _____

Title: _____

Please return signed credit application (and other applicable documentation) to:

Howard Supply Company
Attn: Accounts Receivable Department
1749 S. Loop
Casper, WY 82601
Phone: (307) 265-8539
Fax: (307) 473-5332 or E-mail: ar@howard-supply.com