



INDUSTRY HOSES & FASTENERS
 190 S. Sixth Ave, City of Industry, CA 91746
 Office (626) 855-HOSE (4673) / Fax (626) 855-4590

CREDIT APPLICATION

LEGAL NAME: _____

CORPORATION: _____

D/B/A NAME: _____

PARTNERSHIP: _____

ADDRESS: _____

LLC: _____

STREET: _____

PROPRIETORSHIP: _____

CITY: _____ STATE: _____

DATE INCORPORATED: _____

ZIP CODE: _____ PHONE: _____

STATE INCORPORATED: _____

FAX: _____

DUNS NUMBER: _____

PRINCIPAL OFFICERS / OWNERS:

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

NAME: _____

TITLE: _____

TYPE OF BUSINESS: _____

BUYING GROUP AFFILIATION: _____

BILL TO ADDRESS: (if different than above)

SHIP TO ADDRESS: (if different than above)

STREET: _____

STREET: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIP CODE: _____

ZIP CODE: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

STATEMENT ADDRESS: (if different than above)

E-MAIL ADDRESS:

STREET: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

PHONE: _____

CREDIT INFORMATION

BANK REFERENCE

BANK NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ LOAN OFFICER: _____

ACCOUNT #: _____

TRADE REFERENCES

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____ CONTACT: _____

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____ CONTACT: _____

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____ CONTACT: _____

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____ CONTACT: _____

CREDIT LINE REQUESTED: \$ _____ ESTIMATED ANNUAL PURCHASES: \$ _____

FISCAL YEAR END: _____ FINANCIAL STATEMENT ATTACHED: YES NO

CONTACT FOR FINANCIAL INFO: _____ PHONE: _____

TERMS AND CONDITIONS

1. The following applicant hereby authorizes to check references and information listed and approves those listed to release to IHF information regarding their credit references with the applicant including bank balances, loan experiences, and account balances.
2. Applicant agrees that it shall pay all invoices according to the prices and terms established by IHF and stated on all invoices, and agrees to pay interest at the rate of 3% per month, or the maximum allowed under applicable state law, on all past due balances.
3. In the event that the account(s) is turned over to a collection agency and/or an attorney for collection, a fee may be charged at our discretion, to cover any and all collection agency and/or lawyer's fees, court costs, etc that may be incurred in collection past due balances owed by the Applicant.

To induce IHF to extend credit to us, the below undersigned represents

Authorized Representative: _____

Printed Name: _____

Title: _____

Date: _____

Internal Use Only:

Date Received: _____ Sales Rep: _____ Terms: _____ Level: _____

Type of Customer:	Industrial OEM <input type="checkbox"/>	Automotive Distributor <input type="checkbox"/>	Automotive Retail <input type="checkbox"/>
	Industrial Dist <input type="checkbox"/>	Automotive OE <input type="checkbox"/>	Hardware <input type="checkbox"/>
	Export <input type="checkbox"/>	Other _____ <input type="checkbox"/>	

Credit Limit \$ _____ Date Approved: _____ Credit Manager: _____

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