



972.620.8812 | 800.822.5443 | FAX 972.242.5533 | HAZELSHOTSHOT.COM

Company Information

New Customer Credit Application

NAME OF FIRM _____

ADDRESS _____

PHONE NUMBER _____

CITY _____

STATE _____

ZIP CODE _____

Ownership: Corporation Partnership LLC Individual

1) _____
NAME OF PRINCIPAL

2) _____
NAME OF PRINCIPAL

3) _____
NAME OF PRINCIPAL

Credit Terms Are Net 30

Financial Information

PRIMARY BANK _____

BANK ADDRESS _____

BANK OFFICER _____

PHONE NUMBER _____

References:

1.) _____
BUSINESS NAME ADDRESS PHONE NUMBER

2.) _____
BUSINESS NAME ADDRESS PHONE NUMBER

3.) _____
BUSINESS NAME ADDRESS PHONE NUMBER

4.) _____
BUSINESS NAME ADDRESS PHONE NUMBER

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, we agree that all payments that are not made in a timely manner will accrue penalties and interest and that any collection fees incurred in the process of collecting any delinquent payments will be the responsibility of the customer.

Signed _____ Title _____ Date _____