

CREDIT APPLICATION

Company Name		Contact:			
Address	City		Si	tate	Zip
Telephone		Fax			
A/P Contact	E	E-mail			
A/P Phone		A/P Fax:			
Incorporation State and Date:		Yrs. at Curr	ent Address _		
Dun & Bradstreet # (for branch only):					
Federal Tax ID#		Resale #			
Ship-to Address: (if different from above)					
Address	City		S	tate	Zip
Telephone		Fax			
REFERENCES: Please provide at le	east (3) Ve	endor and (1) Ba	ınk Referei	nce	
Vendor		Contact			
Address	City		State	Zip	
E-mail					
Vendor					
Address					
E-mail		Telephone		Fax	
Vendor					
Address					
E-mail		Telephone		-ax	
BANK					
Address					
E-mail		Telephone	I	-ax	
Checking Account Number					
I hereby authorize the vendor and bank reference in order to establish credit terms.	es listed above	to release credit infor	mation to Haa	ker Equi	pment Company
Signature of Authorized Representative	Prin	nted Name		Dat	te

Our terms are Net 30 days. A service charge of 1.5% monthly (18% annual rate) will apply on accounts not paid within terms.

By applying for credit you agree to comply with our terms and conditions.

2070 N. White Ave., La Verne CA $\,$ 91750 \cdot Phone (800) 200-3432 \cdot Fax (909) 542-0179 4645 Copper Sage Street, Las Vegas NV 89115 \cdot Phone (702) 639-0156 \cdot Fax (702) 639-1843