

EQUIPMENT COMPANY

CREDIT APPLICATION

Company Name	Contact:		
Address		City State	
ZipTel	lephone	F	Fax
A/P Contact		Email	
A/P Phone	A/P Fax:		
Incorporation State and Date:		rs. at Current Addres	S
Dun & Bradstreet # (for bra	nch only):		
Federal Tax ID#	Resale #		
Ship-to Address: (if differen	nt from above)	City	State
Zip Telephone		Fax	
REFERENCES: Please	provide at least (3) Vendor a	nd (1) Bank Refere	ence
Vendor	Contact		
Address	City	State	Zip
	Telephone		
	Contact		
	City		
E-mail	Telephone	Fax	
	Contact		
	City		
E-mail	Telephone	Fax	
	Contact		
Address	City	State	Zip
	Telephone		
I hereby authorize the vende	or and bank references listed above	ve to release credit inf	Formation to Haaker
Equipment Company in ord			
Signature of Authorized Representative		Printed Name Date	

Terms and Conditions:

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 · Phone (800) 200-3432 · Fax (909) 542-0179 4645 Copper Sage Street, Las Vegas NV 89115 · Phone (702) 639-0156 · Fax (702) 639-1843 3848 E. Roeser Rd. Phoenix, AZ 85040 · Phone (602)-266-8214

www.haaker.com