



HY Supplies Inc.

P.O. Box # 2355, Darien, IL 60561-7355

Toll free # - (800) 437-9182

Fax & Voice Message - (800) 437-9188

Email - custserv@hysupplies.com

Web : www.hysupplies.com

CREDIT APPLICATION

Trade Name : _____ Date : _____
 Legal Corp. Name : _____
 Accounts Payable Contact: _____
 Business Address1 : _____
 Business Address2 : _____
 City, State - Zip : _____
 Phone / Fax # : _____
 Dun & Bradstreet # : _____ State of Incorporation : _____
 Authorized Officer : _____ Title : _____
 Amt. of Credit Requested : _____
 How long in Business : _____ Yrs. in present location: _____
 Type of Business : _____ FED. Emp. ID # : _____

Annual sales: Less than \$0.5 Mil \$0.5 to \$1 Mil \$1 to \$10 Mil Above \$10 Mil
Legal Structure: Corporation Proprietorship Partnership Non Profit Organization
No of Employees: 1 - 5 6-20 21-100 101-500 Above 500

Credit Card Details

Card Type : AMEX Visa Master Discover
 Corporate Card : / Personal Card:
 Credit Card# :
 Security Code : Exp.Date : /
 Name as in Card: _____
 Billing Address : _____

Bank & Trade References (Must have atleast 3 Trade reference with complete Address, Phone and Fax no.)

Name	Address	Contact Name, Ph / Fax #
Bank Account No.		
Trade Ref 1:		
Trade Ref 2:		
Trade Ref 3:		

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit term's on vendor invoices or, if none appear, according to terms of Net 30. Applicant agree's to 1.5% per month service charge, or the maximum allowed by law, whichever is lower, if not paid by the 30th day of each month following purchase. Applicant warrants that all information appearing on this form is true and correct as of the date below and agree's to notify vendor in writing within fifteen(15) days of any change in business organisation, financial condition or controlling ownership. In consideration of any extension of credit by HY Supplies, Inc. should and indebtedness not be paid in accordance with the terms of credit, the undersigned agree's to pay all cost of collection, including reasonable attorney's fee at both trial & appellate levels. Attorney's fees & costs shall be payable whether suit be brought or not. This agreement is interpreted and governed by the laws of the State of Illinois. Venue for any proceeding shall take place is DuPage County Illinois.

Applicant : _____ **Signature :** _____
Date : _____ **(Print Name)** _____ **Title :** _____

HY Supplies is not responsible for any delay in the applicant receiving credit approval. Please furnish references that are responsible and willing to furnish information. If this is your first order and you do not wish to wait for credit approval (average 2-3 weeks) please circle the appropriate item below.

Company Check / Cashier's Check / Money-Order in Advance Charge Credit Details given above