

Form 1: Customer Intake / Credit Application Form

SECTION 1: APPLICANT INFORMATION:

Full Legal Name of Firm or Individual Applicant _____

Operating Name (D/B/A or T/A if different) _____

Type of Entity: Sole proprietorship Partnership Corporation LLC Years in Business? _____

IRS#: Business Tax ID# _____ - _____ or SSN#: _____ - _____ - _____

Mailing Address _____

City _____ State/Zip _____

Office Phone _____

Fax _____

Contact Person _____

Cell Phone _____

Email _____

Delivery Address _____

City _____ State/Zip _____

Office Phone _____

Operations Contact _____

Cell Phone _____

Email _____

Invoice Preference: Email Mail or Combination Email/Mail

Accounts Payable Contact _____ Accounts Payable Email _____

SECTION 2: SALES TAX EXEMPTION INFORMATION: All sales are subject to applicable state and local sales tax regulations. Documentation must be provided for tax exempt sales.

Purchases do not qualify as tax exempt.

Purchases qualify as tax exempt. Check reasoning for tax exemption below:

Resale

Agriculture

Other: Please explain _____

PLEASE EMAIL TAX EXEMPTION FORMS PRIOR TO SHIPMENT TO: sales@hesmithcompany.com

SECTION 3: BANK REFERENCE:

Bank Name _____

Account # _____

Phone # _____

Street Address _____

City _____ State/Zip _____

Account Mgr. _____

SECTION 4: TRADE REFERENCES (Please Provide Two References):

Company Name _____

Contact _____

Phone # _____

Street Address _____

City _____ State/Zip _____

Email _____

Company Name _____

Contact _____

Phone # _____

Street Address _____

City _____ State/Zip _____

Email _____



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HE Smith Company, Inc. will accrue finance charges at a rate of 2.0% per month (24%APR) on any overdue balance. Any payments returned for insufficient funds will incur a \$25.00 fee in addition to any bank fees. I fully understand HE Smith Company's credit terms and agree to the proper payment in consideration of extended credit. In consideration for the extension of credit to the undersigned, I jointly and personally guarantee to be directly liable for payment of any and all invoices, accounts, and any interest, attorney or collection fees resulting from the account being considered in default. This shall not be affected by any extension of time or modifications to this agreement with or without consent.

Check here to acknowledge HE Smith Company, Inc.'s credit policy

I certify that the information on this form is correct. I authorize the release of all pertinent financial and credit information by the listed agencies to verify this information. I release, discharge and exonerate HE Smith Company, its agents, representatives and any party, company or agency which is contacted by HE Smith Company for the purpose of a routine credit check.

Check here to approve release of financial and credit information.

Responsible Party _____

Date _____

Title _____

Company _____

