

# APPLICATION AND AGREEMENT FOR OPEN ACCOUNT

MAIL OR FAX COMPLETED FORM TO:

Hub Industrial Supply • P. O. Box 3609 • Lake City, Florida 32056

Fax: 386-755-9401 • Phone: 386-752-3751 Sales Rep # \_\_\_\_\_

## BILLING INFORMATION

Legal Name: \_\_\_\_\_

Company name: \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Main Tel# \_\_\_\_\_ A/P Tel# \_\_\_\_\_

Fax # \_\_\_\_\_ A/P Fax# \_\_\_\_\_

Accts. Payable E-mail address: \_\_\_\_\_

Are you listed with D&B?  Yes  No

## BUSINESS INFORMATION

President \_\_\_\_\_

Vice President \_\_\_\_\_

Controller/CEO \_\_\_\_\_

A/P Manager \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation/LLC  Government State(s) of Incorporation: \_\_\_\_\_

**PURCHASING INFORMATION** PO'S Required?  Yes  No

Authorized Buyers \_\_\_\_\_

\_\_\_\_\_

## TRADE/CREDIT REFERENCE

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax# \_\_\_\_\_ Fax#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account# \_\_\_\_\_

**BANK REFERENCE** We authorize you, our bank reference, to release credit information regarding the following account(s) to **Hub Industrial Supply Company**

Banks/Finance Companies:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

## AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby authorize trade references and bank(s) named herein to release credit and/or financial information requested for the purpose of obtaining and/or reviewing my company's credit from time-to-time.

Signature of Authorized Officer \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## SHIPPING INFORMATION (if different from Billing)

Company name: \_\_\_\_\_

Attn: \_\_\_\_\_

Title: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel # \_\_\_\_\_

Fax # \_\_\_\_\_

## BILLING PREFERENCE

FAX # \_\_\_\_\_  EMAIL \_\_\_\_\_  MAIL \_\_\_\_\_

Years established \_\_\_\_\_

Federal ID # \_\_\_\_\_

Are you exempt from state sales tax?  Yes  No

If purchase is not subject to sales tax, enclose resale card/tax exempt certificate

## Corporate Officers/Individual Owner/Partners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## CREDIT AGREEMENT

All invoices are due within 30 days unless otherwise specified. A service charge at the highest legal rate may be assessed on delinquent invoices. Hub Industrial Supply shall be notified by the customer in writing of any change in ownership, name, or business structure once credit is established. The extension of credit is for business purposes only. Hub Industrial Supply may withdraw credit at any time. All collection costs shall be reimbursed by the Obligor, including, but not limited to attorney's fees, court fees, and/or collection agency fees. Should suit be instituted for any indebtedness to Hub Industrial Supply, the undersigned consents to venue being held in Columbia County, Florida. By executing this agreement, the undersigned attests that he or she has the authority to bind the customer and is authorized by the customer to enter into the credit application. Should credit be approved by Hub Industrial Supply, the undersigned acknowledges and agrees to the terms and conditions set forth in this credit agreement.

Signature of Authorized

Officer \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_