

# HOCHHEISER BROS. SUPPLIES, INC.

Wholesale Distributors

309 RICHMOND STREET PLAINFIELD, N.J. 07060  
Phone: 908-756-8016 Toll Free: 800-303-2319 Fax: 908-756-0511

## NEW CUSTOMER CREDIT APPLICATION

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Federal Tax ID or Social Security No: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number or Employee's: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Check which is applicable to you:  Corporation  General Partnership  Limited Partnership

LLC  Sole Proprietorship  Other: \_\_\_\_\_

Name or Title of Persons  
authorized to act on your behalf: \_\_\_\_\_

### TRADE REFERENCES

Reference #1 Name and Address: \_\_\_\_\_

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

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

Reference #2 Name and Address: \_\_\_\_\_

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

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

Reference #3 Name and Address: \_\_\_\_\_

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

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

### BANK REFERENCES

Bank Name and Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Exempt #: \_\_\_\_\_ Certificate Enclosed: \_\_\_\_\_

### GENERAL TERMS AND CONDITIONS

All bills become payable in full 30 Days after receipt. If not paid by such time, bills are considered past due.

I have read the terms and conditions stated above and agree to all of those terms and conditions.

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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