

3135 W Belmont
Chicago IL 60618

HENRY FRERK SONS

S I N C E 1 8 8 8

Phone 773-588-0800
Fax 773-588-0897

Visit us on the web
www.hfsmaterials.com

Company Name: _____

Address: _____

Mailing Address (if different): _____

City _____ State _____ Zip _____

Type of Business: _____

Phone: (____) - ____ - ____ Fax: (____) - ____ - ____

FEIN: _____ (OR) Soc Sec #: _____

E-mail: _____

OWNERSHIP: Individual Partnership Corporation

Principles: _____ Title: _____

Home Address: _____ Phone: (____) ____ - ____

Principles: _____ Title: _____

Home Address: _____ Phone: (____) ____ - ____

Accounts Payable Contact: _____

Purchasing Contact: _____

FINANCE: Checking Savings

Bank: _____ Contact: _____

Address: _____ Phone: (____) ____ - ____

Account Number: _____

TRADE REFERENCES:

Name: _____ Phone: _____

Address: _____ Fax: (____) ____ - ____

Name: _____ Phone: _____

Address: _____ Fax: (____) ____ - ____

Name: _____ Phone: _____

Address: _____ Fax: (____) ____ - ____

Name: _____ Phone: _____

Address: _____ Fax: (____) ____ - ____

OFFICE USE ONLY

RECEIVED IN OFFICE: _____ APPROVED: _____ APPROVED BY: _____

REF CHECK COMPLETE: _____ DECLINED: _____ SPCL TERMS: _____

APPLICATION FOR CREDIT
(please type or print)

WEB

INFORMATION REQUIRED ON INVOICE:

P.O. Number Job Number Job Address

Job Name Other _____

ARE PURCHASES FOR RESALE: _____

No Yes (signed resale certificate must be attached)

List of Approved Purchasers

If you wish to restrict who may use your account, please list the names of the individuals who are allowed to purchase material for you. These people (and ONLY these people) will be allowed to charge on your account. If you do restrict your account, be aware that you must inform us promptly, in writing, if there are any changes in the list of approved purchasers. We cannot be responsible for any charges to your account if you fail to notify us when an employee is no longer allowed to make purchases. If you do not restrict your account, anyone who states they are from your company will be able to charge purchases.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

I certify that all information on this form is correct, and that I fully understand your credit terms-All invoices are net and due and payable on the 10th of the month following the invoice date. Accounts 30 days past due are subject to a monthly service of 1 1/2% (18% annually). Should it become necessary to enforce collection of past due invoices, I hereby agree to pay all costs of collection, including reasonable attorney fees. I also authorize my bank to release information regarding my accounts to HENRY FRERK SONS INC or its agent for the purpose of determining my credit worthiness.

Authorized Signature _____

Date _____

Title _____