



3135 W Belmont Ave
Chicago, IL 60618
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Phone 773-588-0800
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APPLICATION FOR CREDIT

Company Name: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Phone: _____ Fax: _____

Email Address: _____

FEIN: _____ OR Social Security #: _____

OWNERSHIP: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		
Owner #1: _____	Title: _____	
Home Address: _____		
Phone: _____	Email: _____	
Owner #2: _____	Title: _____	
Home Address: _____		
Phone: _____	Email: _____	
Accounts Payable Contact: _____		
A/P Email: _____		
Purchasing Contact: _____		

FINANCE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank: _____	Account #: _____
Address: _____	
Contact: _____	Phone: _____

TRADE REFERENCES:	
Name: _____	Phone: _____
Address: _____	Fax: _____
Name: _____	Phone: _____
Address: _____	Fax: _____
Name: _____	Phone: _____
Address: _____	Fax: _____
Name: _____	Phone: _____
Address: _____	Fax: _____

Information required on invoice:

☐ P.O. Number

☐ Job Number

☐ Job Address

☐ Job Name

☐ Other _____

Do you want invoices and statements emailed to you?

☐ Yes

☐ No

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 on the 10th of the month following the invoice date. Accounts 30 days past due are subject to a monthly service of 1.5% (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: _____

Printed Name: _____

Title: _____

OFFICE USE ONLY

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

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