

J. J. HAMMOND CO.

CREDIT APPLICATION

Company Name: _____ Date: _____

Billing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Type of Business: _____ Years in Business: _____

Corporation Partnership Proprietorship LLC Federal ID Number: _____

Company Officers/Partners

Name: _____ Title: _____

Name: _____ Title: _____

Do you require Purchase Order numbers?: _____ Bank Name: _____
Are you tax-exempt?: _____ Street: _____
If so, please include a certificate of exemption. City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Business References

Company Name: _____ Company Name: _____

Street: _____ Street: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Company Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I/we understand that the total amount is due and payable within 30 days after date of invoice and that service charges of 1.5% per month (18% APR) will be charged on all invoices not paid within the 30 days. I/we further understand that if the accumulated charges require outside agents to collect any default amount, then all reasonable collection fees, finance charges, attorney fees, and court costs will be my/our obligation as well as all principal amounts due.

Signed: _____ Title: _____ Date: _____