

CUSTOMER CREDIT APPLICATION

BILL TO: Company Name Biling Address		SHIP TO: (Leave blank if same as Bill To) Company Name Address							
					City State	Zip	Eity	State	Zip
					Owner(s) Name(s)		Estimated Yearly Pu	Estimated Yearly Purchases	
Authorized Purchasing Agent		Type of Business (c	Type of Business (circle one)						
Accounts Payable Contact		Propietorship	Partnership	Corporation					
Telephone	Fax	Credit Limit Reques	ted						
SS. Number	Tax ID								
Dun & Bradstreet Number Are Purchase Numbers Requi		22							
	ade		Bank						
Name		Name							
Telephone	Fax	Address							
Account Number	the control of the property of the second of	City	State	Zip					
Name		Telephone		Fax					
Telephone	Fax	Contact							
Account Number		Checking Account	t No	Loans					
Name			Terms and Con	nditions					
Telephone	Fax	Our company's t	Our company's terms are net 30, from shipment date.						
Account Number		Our company s	cimo are net ou, i	пот этртен часе.					
In return for the extension of above and on all invoices. necessary regarding our cr	I authorize H & H Buying	g and Selling to check ou	abide by the terms	and conditions listed obtain any information					
Signature of Owner or Auth	porized Agent (Possings)	Date							

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