



Company Name _____
Dun & Bradstreet Rating _____ Sales tax exempt? Yes ___ No ___ (Please complete "Annual Resale Certificate")
Street _____ City _____ State _____ Zip _____
County _____ Telephone _____ Fax _____
Owner(s) _____

HAVE ANY OF THE OWNERS, OFFICERS OR PARTNERS, AS APPLICABLE, EVER FILED BANKRUPTCY?
Y ___ N ___ If so when and where? _____

At present location since Date: _____ Year Established _____
Purchase Orders required? Yes ___ No ___
Invoices to be: _____ faxed _____ mailed _____ e-mailed? to e-mail address _____

Primary Authorized Representative
First Name _____ Last Name _____ Title _____
Phone () - eMail address _____

Current Financial Statements
Enclosed Yes ___ No ___ (Financial Statements required to receive a credit line in excess of \$20,000.00.)
Bank Name _____

("Customer Authorization" form - Schedule A - must be submitted to permit our request at your bank.)
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____
Checking Account No _____

Creditor Information (at least one required)
1) Company _____ 2) Company _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Phone _____ Fax _____

The undersigned certifies that the above information is true and that application is hereby made for the extension of credit by HESCO. HESCO is hereby authorized and granted permission to conduct a complete credit background check and obtain credit information (including a consumer credit report) from any agency or source deemed necessary for the verification of credit and financial status. It is agreed that, if credit is extended, all sales will be made in accordance with the terms set forth below.

TERMS: INVOICE PAYABLE, NET BY THE 30TH OF THE MONTH FOLLOWING RECEIPT EXCEPT AS OTHERWISE STATED ON AN APPLICABLE INVOICE. INTEREST ON PAST DUE ACCOUNTS SHALL ACCRUE AT THE RATE OF 1-1/2% PER MONTH OR 18% PER ANNUM. ATTORNEY FEES, COLLECTION FEES AND COURT COSTS ARE TO BE PAID BY CUSTOMER IF LEGAL ACTION IS INSTITUTED FOR THE COLLECTION OF THE INVOICE. THE CUSTOMER AND ALL GUARANTORS WAIVE ANY AND ALL RIGHTS TO VENUE UNDER CHAPTER 47, FLORIDA STATUTES, INCLUDING ANY AMENDMENTS THERETO, AGREE THAT ANY ACTION BROUGHT TO COLLECT ON THE ACCOUNT SHALL BE BROUGHT IN ANY COURT OF COMPETENT JURISDICTION IN POLK COUNTY, FLORIDA, AND WAIVE ALL RIGHTS TO A JURY TRIAL.

Credit amount requested: \$ _____
Person accepting above terms of payment:
Signature _____ Title _____
Print Name _____ Application Date _____