

REGISTERED BUYER APPLICATION - Return via US Mail or Fax to HESCO Credit Manager

* Company Name: _____

* Street Address 1: _____

Street Address 2: _____

* City: _____

* State: _____

* ZIP + 4: _____ - _____

* Telephone: () _____ - _____

Fax: () _____ - _____

* Year Established: _____

* Years at this Location: _____

* Statements to be: Faxed Mailed eMailed

(select one)

Authorized Representative

* Name (First Last): _____, _____

* eMail: _____

Phone: () _____ - _____

Owners and Officers

Names (First Last): _____

* Have any of the owners, officers or partners, as applicable, ever filed bankruptcy?

Yes No

If Yes, Where and When?:

Use of the HESCO online ordering site and system is governed by the HESCO Terms of Use. Please be sure to fully acquaint yourself with the Terms available on the hesco-fl.com website where you downloaded this application.

The undersigned certifies that the above information is true and that application is hereby made to become a HESCO Registered Buyer. By accepting a login and password from HESCO, the undersigned agrees to the HESCO Terms of Use.

I have read, understand, and agree to the HESCO Terms of Use. (agreement is required to complete application)

Signature (first last): _____

Title: _____

Date signed: _____

