



32000 Aurora Road
Solon, Ohio 44139
800-965-2677
Fax 800-865-2677

Credit Application

Firm Name: _____ Trade Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Full Name Of Owner Or Owners (or Authorized Office Of Corporation) List Home Address And Zip For Partnership Or Individual

Please Check One: Individual Partnership Corporation Federal Id# (for Corporation)

Additional Information Require For Conditional Sales Contracts Under The Uniform Commercial Code

Debtor (individual Signing Contract) _____ Title _____

Debtor's Social Security No. (for Partnership Or Individual) _____

Type Of Business _____ Date Started _____

Estimated Annual Sales _____

Former Business _____ Location _____

Own Or Rent Building-if Rent-from Whom? _____

Real Estate Mortgage _____ Value _____

Trade References

Name	Address	Phone	Fax

Name Of Bank _____ Name Of Loan Officer _____

Street Address _____ Phone _____

City _____ State _____ Acct # _____

Applicant's Signature Attests Financial Responsibility And Willingness To Pay Our Invoices In Accordance With The Following Terms:

The Above Informatino Is For The Purpose Of Obtaining Credit And Is Warranted To Be True.

I/we Hereby Authorize The Firm To Investigate The Application Is Made To Investigate

The References Listed Pertaining To My/our Credit And Financial Responsibility

Firm Name: _____

By: (name and title) _____

By: (name and title) _____

Call 800-965-2677
HIDirect.com
Fax 800-865-2677