



**Credit Department
Hydraulic Parts Store, Inc.
145 First Dr NE
New Philadelphia, OH 44663**

**Phone: 330.364.6667
Fax: 330.364.8677**

COMPANY INFORMATION

Company: _____			
Billing Address: _____	City: _____	State: _____	Zip: _____
Shipping Address: _____	City: _____	State: _____	Zip: _____
Branch Office: _____	DBA: _____		
Phone: _____	Fax: _____		
Business Structure (Sole Ownership, Partnership, Corporation) : _____			
Type of Business: _____	Year Established: _____	At Current Address Since: _____	
Federal ID # : _____	President/Owner SSN: _____		
Sales Tax Exemption # : _____			
Owner/President: _____			
Manager: _____			
Controller: _____			

BANK REFERENCES

Bank Name and Address: _____	
Account # : _____	Contact Name & Phone: _____

TRADE REFERENCES

Firm Name:	City, State	Phone/Fax
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

CREDIT AGREEMENT

<p>I understand the following and will abide by your company regulations:</p> <ol style="list-style-type: none"> 1. Notify Hydraulic Parts Store, Inc. of any changes in ownership of our company 2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date. 3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances. 4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms. 5. Our company financial condition is satisfactory and we can meet all financial obligations. 6. There are no lawsuits or judgments against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses. <p>I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.</p> <p>DATE _____ SIGNED _____</p> <p>X _____ TITLE _____</p> <p align="center">PERSONAL GUARANTEE</p>	<table border="1" style="margin: auto;"> <tr> <td>Credit Amount Requested</td> </tr> </table>	Credit Amount Requested
Credit Amount Requested		

<u>DO NOT WRITE IN THIS BOX – FOR HPS USE ONLY</u>	Application Approved by _____ Credit Amount Approved _____
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