

**HILLSIDE MAINTENANCE SUPPLY CO. – FAX 513-559-4161 – ACCOUNT/CREDIT APPLICATION**

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**BUSINESS INFORMATION**

1. BUSINESS NAME \_\_\_\_\_
  2. BILL-TO NAME \_\_\_\_\_
  3. ACCOUNT NUMBER \_\_\_\_\_
  4. BILLING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_
  5. BUSINESS PHONE \_\_\_\_\_
  6. BUSINESS FAX \_\_\_\_\_
  7. WEBSITE ADDRESS \_\_\_\_\_
- .....

**BUSINESS CONTACT INFORMATION**

8. OFFICE CONTACT
    - NAME \_\_\_\_\_ TITLE \_\_\_\_\_
    - PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_
  9. SALES CONTACT
    - NAME \_\_\_\_\_ TITLE \_\_\_\_\_
    - PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_
  10. A/R CONTACT
    - NAME \_\_\_\_\_ TITLE \_\_\_\_\_
    - PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_
- .....

**SHIPPING INFORMATION**

1. SHIP-TO NAME \_\_\_\_\_
  2. PHONE \_\_\_\_\_
  3. CONTACT NAME \_\_\_\_\_
  4. SHIPPING ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
*(FOR ADDITIONAL SHIPPING LOCATIONS, PLEASE ENCLOSE A SEPARATE SHEET)*
  5. SPECIAL SHIPPING INSTRUCTIONS \_\_\_\_\_
- .....

**ORDER ENTRY INFORMATION**

1. PURCHASE ORDER REQUIRED?  YES  NO
  2. BLANKET PURCHASE ORDER # \_\_\_\_\_
  3. CHARGE SALES TAX?  YES  NO IF YES, SALES TAX AREA: \_\_\_\_\_
  4. RESALE TAX NUMBER \_\_\_\_\_
  5. SEND SHIP NOTICE WHEN ORDERS 'MARKED AS SHIPPED'?  YES  NO IF YES, VIA  EMAIL  FAX  
TO CONTACT \_\_\_\_\_
- .....

**BILLING OPTIONS**

- 6. BILLING INSTRUCTIONS \_\_\_\_\_
  - 7. CUSTOMER PAYMENT TERMS \_\_\_\_\_
  - 8. MSDS SEND OPTION  PRINT  EMAIL  FAX  
*(NOTE: IF THE MSDS IS FAXED OR EMAILED, IT WILL BE SENT TO THIS CUSTOMER'S SALES CONTACT)*
  - 9. SEND INVOICE WITH DELIVERY?  YES  NO
  - 10. EMAIL INVOICE COPY?  YES  NO IF YES, EMAIL TO: \_\_\_\_\_
  - 11. CUSTOMER BILLING OPTIONS (*SELECT ONE*)
    - PRINT PLAIN-PAPER INVOICE
    - FAX ORIGINAL INVOICE FAX INVOICE TO \_\_\_\_\_
    - EMAIL ORIGINAL INVOICE EMAIL INVOICE TO \_\_\_\_\_
- .....

**CREDIT INFORMATION**

- 12. CORPORATE?  YES  NO
  - 13. TAX ID No. \_\_\_\_\_
  - 14. IN BUSINESS SINCE \_\_\_\_\_
  - 15. PARENT NAME IF SUBSIDIARY \_\_\_\_\_
  - 16. PARTNERSHIP  SOLE PROPRIETORSHIP
  - 17. NAME OF PRINCIPAL OR PARTNER \_\_\_\_\_ SS # \_\_\_\_\_  
PHONE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
OWN  RENT  CITY/STATE/ZIP \_\_\_\_\_
  - 18. NAME OF PRINCIPAL OR PARTNER \_\_\_\_\_ SS # \_\_\_\_\_  
PHONE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
OWN  RENT  CITY/STATE/ZIP \_\_\_\_\_
- .....

**BANK REFERENCES**

- 19. NAME OF BRANCH \_\_\_\_\_
  - 20. PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_
  - 21. ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_
  - 22. CHECKING ACCT. No. \_\_\_\_\_
  - 23. SAVINGS ACCT. No. \_\_\_\_\_
- .....

**TRADE REFERENCES**

NAME/ADDRESS/PHONE/DOING BUSINESS SINCE/ANNUAL PURCHASES

- 1. \_\_\_\_\_ PHONE \_\_\_\_\_
  - 2. \_\_\_\_\_ PHONE \_\_\_\_\_
  - 3. \_\_\_\_\_ PHONE \_\_\_\_\_
- .....

**Terms for Sale** - Credit sales are payable within 30 days from date of invoice or a 1.5% monthly service charge will be applied.

**Credit Agreement** – Credit applicant understands and agrees to the terms of sale and to pay service charges for late payments. They also agree to Hillside to investigate the credit history of the company or in the case of a partnership or sole proprietorship the personal credit history of the principals involved.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNAL OFFICE USE ONLY**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

