

APPLICATION FOR CREDIT

Customer ID # _____

Hot Melt Company
4387 W Swamp Road # 80
Doylestown, PA 18902
Phone: 888-856-2878

Trade Name: _____

Legal Name: _____

Street Address: _____

Street City State Zip Code

Billing Address: _____

P.O. Box City State Zip Code

Telephone Number: _____ Fax Number: _____

Federal Tax ID #: _____ Date Established: _____

State Tax ID Number: _____ State: _____

Line of Credit Requested \$ _____ D&B Number: _____

Customer's Normal Monthly Volume of Each Product _____

Nature of Business/Product Manufactured _____

SIC Code # _____ Industry Code# _____

TYPE OF OWNERSHIP: _____ Sole Proprietor _____ Partnership _____ Corporation

BANK REFERENCE:

Bank Name: _____ Contact: _____

Address: _____

Tel: _____ Fax: _____ Account Number: _____

TRADE REFERENCES: (Names of suppliers of major products and services)

REQUIRED

Name: _____ Tel: _____ Fax: _____

Address: _____

Street City State Zip Code

REQUIRED

Name: _____ Tel: _____ Fax: _____

Address: _____

Street City State Zip Code

REQUIRED

Name: _____ Tel: _____ Fax: _____

Address: _____

Street City State Zip Code

HOT MELT COMPANY CREDIT POLICY

- Failure to comply with following provisions may result in suspension of credit privileges.
- HOT MELT COMPANY terms of sale are Net 30 days from the date of shipment, FOB Shipping Point, Freight Collect, unless otherwise negotiated. All fuel surcharges are the responsibility of the customer.
- Accounts with past due balances 15 days from due date will be in placed on credit hold. Accounts with past due balances 30 days from due date will be in a “no ship” position. (The check must be in our office, not in the mail.)
- Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney’s fees.
- The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct.
- Your signature below is required to indicate that you have read, understand and agree to comply with terms of sale.
- A complete copy of our customer information form must accompany the credit application for your application to be considered.

You are authorized to investigate the credit references listed on the application.

Signature of Owner or Corporate Officer

Print Name and Title

Date: _____

Please complete and return via E-mail ej@hotmeltco.com

Name of Person Completing Form: _____

Signature: _____

Date: _____

Customer ID #: _____

Sales Agent: _____

Hot Melt Company
4387 W. Swamp Road # 80
Doylestown, PA 18902
Phone: 888-856-2678

Customer Information

Trade Name: _____

Legal Name: _____

Billing Address: _____
Street City State Zip Code

Main Phone Number: _____ Main Fax Number: _____

Ship To Address: _____

State Sales Tax Exemption ID: _____ (Please complete attached)

Federal Tax ID #: _____ D&B #: _____

Certificate Number on Direct Pay Permit: _____

Ship To Contact Person: _____ **Title:** _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

If you have multiple ship to locations, please attach a second sheet with this information along with a state sales tax exemption ID#. Thank you.

Accounts Payable Contact Person: _____ **Title** _____

Phone #: _____ Fax#: _____

E-Mail Address: _____

Purchasing Contact Person: _____

Phone#: _____ Fax#: _____

E-Mail Address: _____

SIC Code#: _____

Nature of Business/Product Manufactured _____

Please complete and return via E-mail ej@hotmeltco.com