

Signature:

Print Name: _____

Dutch Hollow Service & Supplies Inc.

6218 Old Saint Louis Road Belleville, IL 62223

IL: 618.236.1553 / MO: 314.621.1194 / FAX: 618.236.2730

www.dutchhollowsupplies.com

Title: _____

DHS CREDIT ACCOUNT APPLICATION

Date: _____

CREDIT ACCOUNT APPLICATION

| | CALDIT ACCOUNT | All LICATION | - |
|--|---|---|---|
| Date: / / 20 | | Customer Account # | |
| Corporate Name: | | D/b/a: | |
| <u>BILLING</u> | | SHIP TO ADDRE | <u> </u> |
| Address 1: | | Address 1: | |
| Address 2: | | | |
| Address 3: | | | |
| | | | |
| City: | | City: | |
| State: Zip: | | | Zip: |
| Attention: | | Attention: | |
| Type of Organization: | Type of Business: | | Date Established: |
| COMPANY OFFICERS | | | |
| Name: | Name: | | Name: |
| Social Security #: | Social Security #: | | Social Security #: |
| Title: | Title: | | Title: |
| Phone Number: | Phone Number: | | Phone Number: |
| | | | |
| BANK REFERENCES | | | |
| Name: | | | |
| Account Number: | | | |
| Contact: | | | _ |
| Phone Number: | Phone Number: | | Phone Number: |
| TRADE REFERNCES | | | |
| Name: | Name: | | Name: |
| Account Number: | Account Number: | | Account Number: |
| Contact: | Contact: | | Contact: |
| Phone Number: | Phone Number: | | Phone Number: |
| TERMS & CONDITIONS | | | |
| on all past due balances. In the event any third parties are costs and court fees, including attorney fees, court costs, information is the basis for the extension of credit. As an | e employed to collect any outstandir and the cost of appeal. Any misrepre inducement to grant credit, the unde this form will automatically deny thi lentified and would like to present ti | ng balance owed by app esentation in this applic ersigned warrants that i is application for credit. | the information submitted is true and accurate to the best The undersigned represents that he/she has the authority to |