

# Credit Application

Hallmann Sales, LLC  
306 Old Farm Drive  
Graham, NC 27253  
Phone: 866-966-9596

Fax: 866-966-9596 email: info@hallmann-sales.com

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ email: \_\_\_\_\_

Circle one: Individual Partnership Corporation LLC Years in business: \_\_\_\_\_

Name of Principal Party/Owner: \_\_\_\_\_

Name of Contact and Position: \_\_\_\_\_

Tax ID# or SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

## Trade References (**All three must be completely filled in**)

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Terms:** New customers must send full payment with their first order or fill out the credit card information below. We will charge full amount of first order to the credit card. You may apply to have your credit approved by completing the above. The undersigned hereby agrees and understands that ALL PAYMENTS are due in full 30 days from invoice date after approved credit and also agrees to pay a 1.5% per month late charge on all invoices not paid when due. We reserve the right to demand full payment on any order before starting production or releasing of order.

Circle one: Visa Amex Master Discover Card #: \_\_\_\_\_ Exp \_\_\_ / \_\_\_ CSV \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_