

Credit Application

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

Date: _____ Company Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____ 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: _____