

**Credit Application for Existing Customers
(6+ Recent Months, 6+ Orders)**

Hallmann Sales, LLC
306 Old Farm Drive
Graham, NC 27253
Phone: 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: _____

Phone: _____ email: _____

Trade References, please Type (**All three must be completely filled in.**
Your application will be denied if any late payments have been reported)

Company Name: _____ Contact: _____

Address, City, State, Zip: _____

Phone: _____ eMail: _____

Company Name: _____ Contact: _____

Address, City, State, Zip: _____

Phone: _____ eMail: _____

Company Name: _____ Contact: _____

Address, City, State, Zip: _____

Phone: _____ eMail: _____

Terms: 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.

Signed: _____ Title: _____