



HARTMANN CONTROLS Corp.

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province/State:	Postal/ZIP Code:	
Date business commenced:		EIN Tax Number(US ONLY):	
Preferred Shipping Carrier:		Shipping Account Number:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	Province/State:	Postal/ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	Province/State:	Postal/ZIP Code:	
Type of account:		Account number	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Province/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	Province/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	Province/State:	Postal/ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Hartmann Controls.Corp. to make inquiries into the banking and business/trade references that you have supplied.

DEALER SIGNATURE		HARTMANN CONTROLS SIGNATURE	
Title:		Title:	
Date:		Date:	
		Credit Approved For:	