



SALESMAN: _____

CONFIDENTIAL CREDIT APPLICATION

INSTRUCTIONS: TOP HALF OF THIS APPLICATION MUST BE COMPLETED. YOU MAY ATTACH CREDIT REFERENCES. AN OFFICER OF THE COMPANY MUST SIGN THE APPLICATION.

NAME OF BUSINESS: _____ PHONE: _____
MAILING ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____ EMAIL: _____

BUSINESS TYPE: (CHECK ONE) CORPORATION () PARTNERSHIP () SOLE PROPRIETOR ()
DATE BUSINESS STARTED OR INCORPORATED: _____
NAME OF OWNER(S): _____ SALES CONTACT: _____
ACCOUNTS PAYABLE CONTACT: _____ TAX EXEMPT? YES () NO () CERTIFICATE REQUIRED
PHONE: () _____ FAX: () _____ EMAIL: _____
CREDIT LIMIT REQUESTED: \$ _____ DATE: _____

****IF NO TAX CERTIFICATE IS SUPPLIED YOU WILL BE CHARGED SALES TAX****

BANK INFORMATION: BANK: _____ BRANCH: _____
ACCOUNT #: _____ ADDRESS: _____
PHONE #: _____ BANK CONTACT: _____

TRADE REFERENCES: (3 REQUIRED)
FIRM: _____ CONTACT PERSON: _____
PHONE: _____ FAX: _____ EMAIL: _____

FIRM: _____ CONTACT PERSON: _____
PHONE: _____ FAX: _____ EMAIL: _____

FIRM: _____ CONTACT PERSON: _____
PHONE: _____ FAX: _____ EMAIL: _____

BY MAKING THIS APPLICATION, I/WE UNDERSTAND THAT ROUTHINE CREDIT INVESTIGATION WILL BE MADE AND HEREBY AUTHORIZE HDPE, INC TO CONDUCT SUCH INVESTIGATION. **PAYMENT IS NET 30DAYS** FROM DATE OF INVOICING AND I/WE UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH HDPE INC'S TERMS AND AGREEMENTS, THAT THE CREDIT GRANTOR MAY ADD 1.5% PER MONTH TO ANY BALANCE OWED, AND IN THE EVENT OF DEFAULT, TO PAY REASONABLE COLLECTION CHARGES AND/OR ATTORNEY FEES. I/WE FURTHER AGREE TO PROMPTLY, WITHOUT FAIL, NOTIFY HDPE INC OF ANY PERTINENT CHANGES IN OWENERSHIP, ADDRESS OR BUSINESS STATUS. BUYER HEREBY AGREES THAT SELLER MAY USE A FACSIMILE, ELECTRONICE MEDIA OR ANY OTHER DOCUMENT BETWEEN BUYER AND SELLER IN LIEU OF ANY ORIGINAL DOCUMENT. ALL ORDERS / CONTRACTS ARE SUBJECT TO HDPE INC TERMS & CONDITIONS AND ARE INCORPORATED IN HERE BY REFERENCE.

SIGNATURE OF OFFICER: _____ TITLE: _____
PRINT NAME OF OFFICER: _____ DATE: _____

DATE CREDIT APPROVED	
CREDIT LIMIT	TERMS



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY
EMAIL: ACCOUNTING@HDPEINC.COM or FAX: (863) 607-6022

Company Name: _____

Cardholder Name: _____

Address: _____

City, State: _____

Billing Zip Code: _____

E-mail: _____

Phone Number: _____

Credit Card Type:

_____ VISA _____ MASTER CARD _____ AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ / _____

Amount: _____

Signature: _____



VIRTUAL CHECK AUTHORIZATION FORM

Customer information:

COMPANY: _____

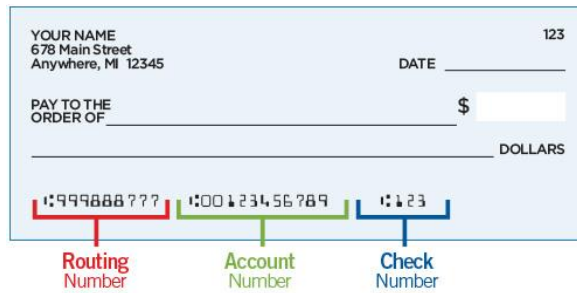
CITY: _____ STATE: _____

Bank Information:

NAME ON ACCOUNT: _____

NAME OF BANK: _____

ABA ROUTING NUMBER: _____ ACCOUNT NUMBER _____



I, _____, hereby certify that I am authorized to use above bank account and authorize HDPE, INC. to initiate an electronic debit entry to my checking account for the amount of \$ _____ on _____, 20____.

Signature

Print Name

Date