



Lewiston, Idaho
Since 1898

ACCOUNTING ONLY!	
DATE OPENED:	_____
ACCOUNT #:	_____
APPROVED BY:	_____
CREDIT LIMIT:	_____
CUSTOMER CLASS:	_____
SALESMAN:	_____

APPLICATION AND AGREEMENT FOR CREDIT

DATE: _____ MAXIMUM CREDIT DESIRED \$ _____ FIRM NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ FAX #: () _____ TYPE OF BUSINESS / PRODUCT SOLD: _____

E-MAIL: _____

HOW LONG IN BUSINESS: _____ MONTHS _____ YEARS CORPORATION PARTNERSHIP SINGLE OWNER

BUSINESS EIN _____ BUSINESS LICENSE _____ STATE _____ EXP _____

Payables Contact: _____ Phone #: _____

E-MAIL _____

****E-MAIL INVOICES/STATEMENTS MAIL INVOICES/STATEMENTS**

**** WE WILL DEFAULT CHOICE TO E-MAIL IF AN OPTION IS NOT CHOSEN.**

*TAX EXEMPT? Yes No IF YES, TAX ID #: _____ STATE: _____ SELLER'S PERMIT #: _____

IF TAX EXEMPT YOU MUST PROVIDE YOUR TAX EXEMPTION CERTIFICATE TO BE VALID

OWNERS / OFFICERS

1.) NAME: _____ TITLE: _____ PHONE #: () _____

SS#: _____ - _____ - _____ RESIDENCE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

2.) NAME: _____ TITLE: _____ PHONE #: () _____

SS#: _____ - _____ - _____ RESIDENCE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

3.) NAME: _____ TITLE: _____ PHONE #: () _____

SS#: _____ - _____ - _____ RESIDENCE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Finance charge: Finance charge of 1 1/4 % per month will be added to those accounts one or more days delinquent. This is equivalent to an annual percentage rate of 21%. Payment due Net 30. Date of payment will be determined by the date received. Return Check Charge: There will be a \$20.00 charge on all returned non-sufficient fund checks.

The information I have provided in this application is correct. I understand you will retain this application whether or not it is approved. You are authorized to check my credit history, in order to answer questions regarding my credit experience and relay information necessary to answer such an inquiry fully. I represent I have the authority on behalf of my company to apply for and receive the credit requested herein.

AUTHORIZED SIGNATURE: _____ TITLE: _____

CURRENT JOB LOCATION: _____ P.O. REQUIRED? Yes No

RETURN BY MAIL, FAX, OR HAND TO: HAHN SUPPLY, INC., 2101 MAIN STREET, LEWISTON, ID 83501 FAX: (208) 743-2938

***ANY QUESTIONS ON APPLICATION CALL 208-743-1577**

BUSINESS / TRADE REFERENCES (GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT)

BANK: _____ CHECKING ACCOUNT #: _____ ADD'L ACCOUNT / LOAN #: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ CONTACT: _____

1.) FIRM NAME: _____ ACCOUNT #: _____ PHONE #: () _____

FIRM ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ FAX #: () _____

2.) FIRM NAME: _____ ACCOUNT #: _____ PHONE #: () _____

FIRM ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ FAX #: () _____

3.) FIRM NAME: _____ ACCOUNT #: _____ PHONE #: () _____

FIRM ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ FAX #: () _____

****PHONE AND FAX NUMBERS ARE REQUIRED. APPLICATION WILL BE RETURNED WITHOUT PROCESSING IF NOT SUPPLIED****

**APPLICATION AND AGREEMENT FOR CREDIT
HAHN SUPPLY, INC. AND / OR ITS CORPORATE BRANCH OPERATIONS**

The undersigned applies for credit from Hahn Supply, Inc. and / or its Corporate Branch Operations and certifies:

That the undersigned has authority to apply for credit; that the credit information provided on the reverse side of this application and agreement is correct; and that the undersigned has read and agrees to the terms of credit hereinafter set forth.

ESTABLISHMENT AND MAINTENANCE OF CREDIT ACCOMMODATIONS: This application and agreement, numbering two (2) pages, must be submitted by new customers to the Credit Department for approval. Once open account status is given, customers must submit such further financial data as may be requested by said Credit Department. Continuation of open account privilege is contingent upon customer's ability to maintain his/her account in a satisfactory service condition. Hahn Supply, Inc. or its Corporate Branch Operations may suspend service and credit privileges to those customers with balances outstanding over ninety (90) days or sooner if deemed necessary without prior contact.

***TERMS OF SALES:** Payment in full 30 days after sale/rental, unless other arrangements have been made with the Credit Department. Accounts unpaid after the last day of the month following billing will be considered past due.

***MONTHLY STATEMENTS:** Monthly statements are prepared as a service to our customers. If statements are delayed by the mail or for any other reason, the invoices must still be paid in accordance with the Terms of Sale Policy detailed above.

***FINANCE CHARGE:** Finance charge of 1 $\frac{3}{4}$ % per month will be added to those accounts one or more days delinquent. This is equivalent to an annual percentage rate of 21%. **Date of payment will be determined by the date it is received.**

***RETURN CHECK CHARGE:** There will be a \$20.00 charge on all returned non-sufficient fund checks.

***GENERAL TERMS:** This agreement shall be controlled by Idaho Law. The customers hereby agree to pay any and all costs, including attorney fees, which may be incurred seeking enforcement of this agreement of the collection of a delinquent debt.

PERSONAL GUARANTY

The undersigned endorser(s) do hereby unconditionally guarantee to Hahn Supply, Inc. the prompt payment of all amounts due by the above credit applicant as and where the same shall become due whether by acceleration, extension, or otherwise, and waive any requirements that any action be taken against the maker or makers before enforcing this guaranty.

Signature of Individual Grantor(s)

1.) _____ SS#: _____ - _____ - _____ Date: _____

2.) _____ SS#: _____ - _____ - _____ Date: _____