

**H.R.S. , INC**  
**Credit/Memo Application**

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Ship to address (if different):** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

**Type (circle one)    EIN    SSN**

**Business Phone:** \_\_\_\_\_

**Business email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Business Hours (Please list below each day):**

**Monday      Tuesday      Wednesday      Thursday      Friday**

**Saturday      Sunday**

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**Company Organizational Structure: (Circle one or write in)**

**Sole Proprietor      S-Corp      C-Corp      Partnership      LLC**

**Other:** \_\_\_\_\_

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**Type of business: (Circle one or write in)**

**Retail      Wholesale      By Appointment**

**Other (please explain):** \_\_\_\_\_

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**Name of owner(s)/Individual:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Percentage of ownership:** \_\_\_\_\_ %

**Name of owner(s)/Individual:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Percentage of ownership:** \_\_\_\_\_ %

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**Name of owner(s)/Individual:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Percentage of ownership:** \_\_\_\_\_ %

**Have you ever operated under any other name? Yes No**

**If yes (previous name):** \_\_\_\_\_

**City, State & Zip:** \_\_\_\_\_

**Time in business:** \_\_\_\_\_ **Years**

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## Terms and conditions

The credit applicant(s) understand and agree to the following terms and conditions:

- **Memos are for a period of 7 days unless otherwise stated.**
  - **Payment is expected for memos within 3 business days of reporting the sale.**
  - **Payment by Check, Echeck, Zelle, or credit card +3% is accepted.**
  - **You are responsible for the contents until we receive and check in goods sent. If they are lost in the mail on the way back to us, YOU are responsible for the total amount. That amount is due within 3 business days of a lost package.**
  - **Shipping is due on all memos whether you sell or not. We do not waive shipping costs unless this was determined ahead of time before the goods were shipped to you.**
  - **Long term memos are for a period of 90 Days. You must report the sale of any sold item within 72 hours to us. You will be invoiced electronically and payment is expected within 10 days.**
  - **The applicant(s) consent to obtaining credit and/or personal information required in connection with the credit guidelines which may be extended by H.R.S. , INC.**
  - **We, separately, or severally, corporately, or individually agree to the terms and conditions set forth by this agreement.**
  - **Applicant(s) shall be responsible for all of H.R.S. , INC. collection costs and attorney's fees in connection with any delinquent amounts.**
  - **The laws of the state of Vermont shall be applicable to all suits arising under any agreement between the undersigned and H.R.S. , INC. In the event of litigation, the venue shall be Rutland, VT.**
  - **Any signer below guarantees that the information above in this application is true and correct and given for the purposes of obtaining credit from H.R.S. , INC.**
  - **Any signer personally guarantees that they are equipped to make decisions for the company above and shall be deemed responsible for any delinquent balances associated with this account.**
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**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This credit application cannot be processed until completed in full and signed

## Company References

(Stuller & Quality Gold are not acceptable)

**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Contact name:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Contact name:** \_\_\_\_\_

**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Contact name:** \_\_\_\_\_

## PERSONAL GUARANTY

I, \_\_\_\_\_ guarantee the payment of all sums that (your company name here): \_\_\_\_\_ (hereafter called "The Company") now or hereafter owe H.R.S. , INC. Should the company default in payment of any sums due and payable to H.R.S. , INC. , I agree to pay H.R.S. , INC. all such sums. I agree that my liability under this Guaranty shall not be affected by any change in terms of payment from the company to H.R.S. , INC.

Signature of guarantor \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dated : \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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