

**Business Information:**

Company Name:		
Street Address:		Main Phone:
City:	State:	Zip:
Accounting Contact:		AP Direct Phone:
Email Address:		Tax ID:
Type of Business:		Years in Business:
How did you hear of HDS?		

Credit References (3 or more) :

Company Name:	Company Name:
Contact:	Contact:
Phone Number:	Phone Number:
Email:	Email:

Company Name:	Company Name:
Contact:	Contact:
Phone Number:	Phone Number:
Email:	Email:

We/I agree that all the information on this form is correct. We/I fully understand your credit terms and agree the proper payment in considering if extended credit is offered. Signature herewith is release to any/all references for obtaining necessary information to complete this application.

Note: If payment is not received within (30) days of the invoice date, HDS will automatically charge the credit card on file. Unpaid invoices over 30 days are subject to 1.5% interest per month.

Signature: _____

Date: _____

Terms: INVOICES ARE ISSUED WEEKLY. ALL ACCOUNTS ARE PAYABLE UPON RECEIPT.