



Hegarty's Delivery Service

Application for Credit

Business Information:

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

Credit Card Information:

Cardholder:	Corporate Card: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Billing Address:	Phone #:	
City: State: Zip:	Card Type:	
Card Number:	Exp. Date:	CVC Code:

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.