

Hydraquip Distribution, Inc.
P. O. Box 925009
Houston, Texas 77292-5009
Phone 713-680-1951 • Fax 713-680-9799
www.hydraquip.com

APPLICATION FOR CREDIT

Name of Firm _____ Date _____

Billing Address _____ City/State/Zip _____

Shipping Address _____ City/State/Zip _____

Telephone Number _____ Fax Number _____

Type of Ownership ___ Proprietorship ___ Partnership ___ Corporation in State of _____

Year Business Started _____ Tax Status: ___ Taxable ___ Non-Taxable (**Attach Certificate**)

If Applicant is a branch, headquarters location _____

If Applicant is Subsidiary, Parent Company _____

NAICS # _____

References: (please be sure to include fax numbers)

Bank: _____ Ph# _____ Fax# _____

Reference _____ Ph# _____ Fax# _____

Reference _____ Ph# _____ Fax# _____

Reference _____ Ph# _____ Fax# _____

All debts owed by customer are due within (30) days after the date of invoice. The undersigned states that he has the authority to bind the applicant to this agreement, and hereby authorizes any and all companies and financial institutions to release applicant's credit information to **Hydraquip Distribution, Inc.**

Date: _____

Name of Applicant

Please send all payments to:

*Hydraquip Distribution, Inc.
P. O. Box 4493
Houston, TX 77210-4493*

By: _____

Title: _____