



## Application For Credit

4591 West Atlantic Ave, Delray  
Beach, Florida, 33445  
561-495-8900

### 1. Company Information

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

|                                                                                                                                                                                                                                                                               |                           |                        |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----|
| Full Legal Name/Business Entity                                                                                                                                                                                                                                               |                           | Phone #                |     |
| Doing Business As (DBA)                                                                                                                                                                                                                                                       |                           | Account #              |     |
| Billing Address                                                                                                                                                                                                                                                               | City                      | State                  | Zip |
| Shipping Address                                                                                                                                                                                                                                                              | City                      | State                  | Zip |
| No. of Employees                                                                                                                                                                                                                                                              | Year Business Established | Products Purchasing    |     |
| Business Focus – Circle One: Contractor _____ / Education / Farm & Agriculture / Healthcare / Manufacturer / Municipality/Government / Non-Profit Organization / Property Management / Religious Organization / Restaurant / Retail Business / Service Industry / Other _____ |                           |                        |     |
| Federal Tax ID (If Incorporated)                                                                                                                                                                                                                                              |                           | State of Incorporation |     |
| E-Mail Address(es):                                                                                                                                                                                                                                                           |                           | Website:               |     |

### 2. Owner Information

|              |       |                   |     |         |
|--------------|-------|-------------------|-----|---------|
| Full Name    | Title | Social Security # |     |         |
| Home Address | City  | State             | Zip | Phone # |

### 3. Account Information

|                                     |
|-------------------------------------|
| List of Authorized Users on Account |
|                                     |

### 4. Accounts Payable Information

|           |       |       |         |
|-----------|-------|-------|---------|
| Full Name | Title | Email | Phone # |
|           |       |       |         |

### 5. Trade Credit References

|              |      |         |     |         |
|--------------|------|---------|-----|---------|
| Company Name |      | Contact |     |         |
| Address      | City | State   | Zip | Phone # |
| Company Name |      | Contact |     |         |
| Address      | City | State   | Zip | Phone # |
| Company Name |      | Contact |     |         |
| Address      | City | State   | Zip | Phone # |

### 6. Additional Information

|                                                                                                                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please include a copy of your Certificate of Resale) |                                                          |
| Do you require purchase orders?                                                                                                   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Would you like to receive E-mailed copies of invoices?                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## 7. Comments/Questions?

I/We certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

Please note a fico score of 685 or above is required for approval.

Print Name

Title

Sign Name

Date

### Terms and Conditions

If the account is not paid as agreed or if the credit limit is exceeded, the business charge account will be temporarily suspended, unless other arrangements are made with the store owner or authorized representative. Repeated late payments may result in permanently revoking your charge privileges. Payments not received within 30 days of the statement date will receive a finance charge. Statements are produced on the 1<sup>st</sup> business day of each month and full payment is due within 30 Days EOM. Hessler Paint will send us a statement each month which will show the unpaid balance for merchandise purchased including any monthly finance charge. Hessler Paint may declare the unpaid balance to be due and payable if we default in making any required payment in full when due and we agree to pay Hessler Paint all reasonable collection expenses, attorney's fees and court costs incurred in collecting this account. You must immediately notify Hessler Paint upon any change in our address or company ownership.

**PLEASE ATTACH A COPY OF A VOIDED CHECK AS WELL AS A PHOTO OF YOUR DRIVER'S LICENSE ALONG WITH THE CREDIT APP TO [Accounting@hesslerpaint.com](mailto:Accounting@hesslerpaint.com) TO BE REVIEWED.**

I have reviewed the account application and approve a credit limit of 1,500 to be granted to customer. Credit amount subject to increase based on good payment history.

Print Name

Date