

Credit Application

Date Submitted: _____

Hamilton Manufacturing Corporation
1026 Hamilton Dr.
Holland, OH 43528
Voice: 419-867-4858, Toll Free: 888-723-4858 Fax: 419-867-4856
Internet: <http://www.hamiltonmfg.com>
E-mail: lharris@hamiltonmfg.com

For Hamilton Use Only:

Approved: _____ Date: _____
Open A/C: _____ Credit Limit: _____
COD/CIA: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Postal Code: _____

Shipping Address: _____ City: _____ State: _____ Postal Code: _____

Voice Phone: () _____ Toll Free: () _____ Fax: () _____

Main Contact Name: _____ Title: _____

Principle: 1. _____ Title: _____

Principle: 2. _____ Title: _____

Date Business Started: _____ Web Site Address: _____ E-Mail: _____

Type of Business: Corporation Proprietorship Other (Explain): _____ Federal ID #: _____

Dunn and Bradstreet #: _____

Credit References: (High Credit of over \$5000.00)

Name	Address	City/State/Code	Phone	Contact Name
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Bank References:

Names	Address	City/State/Code	Phone	Contact Name
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Please read carefully before signing

If open account is approved, terms will be Net 30 Days. Past due accounts are subject to COD terms.

SIGNATURE

Name of person completing application (Print): _____

Signature of person completing application: _____

If you make sales into the state of Ohio, you must supply a sales tax exemption certificate.

THIS APPLICATION CAN NOT BE PROCESSED UNTIL THE "SIGNED ORIGINAL" OF THIS FORM IS RETURNED TO HAMILTON .