

H & H INDUSTRIES, INC.

Quality Remanufactured Compressors

CREDIT APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

TELEPHONE NUMBER _____ FAX NUMBER _____

PARTNERSHIP _____ CORPORATION _____ PROPRIETORSHIP _____ OTHER _____

PRINCIPAL OFFICERS AND THEIR HOME ADDRESSES

BANK REFERENCE _____ PHONE _____

BANK CONTACT _____

LIST THREE CREDIT REFERENCES COMPLETE WITH ADDRESS & PHONE NUMBER

REFERENCE NAME _____ TEL # _____
ADDRESS _____ CITY _____ ST. _____ ZIP _____

REFERENCE NAME _____ TEL # _____
ADDRESS _____ CITY _____ ST. _____ ZIP _____

REFERENCE NAME _____ TEL # _____
ADDRESS _____ CITY _____ ST. _____ ZIP _____

If applicable, Sales Tax Exemption/Resale Certificate should be mailed with credit application