HIOKI CREDIT APPLICATION

Company Name_____

Billing Address_____

Phone_____ Fax_____ E Mail address _____

In Business Since 19_____ Number of employees _____

Check one: ___Proprietorship ___Partnership ___Corporation, State of _____

Annual Sales_____ Estimate monthly purchase $ _____

OWNERS/OFFICERS

Name	Home Address	Home Phone	SS Number

TRADE REFERENCES

Name	Address	Phone Number & Fax

BANK REFERENCE

Name	Location	Phone & Fax Number	Account #

_____ and _____ _____

Applicants Social Security Number Federal Tax Number Name of Applicant

Drivers License # _____ _____

Signed by Date

I/We personally guarantee payment for all materials purchased by applicant.

Signed _____

Signed _____