



Application for Credit

Applicant Information

Company Name: _____ Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Tax I.D. No.: _____

Receive emailed statements: Yes No

Desired Monthly Credit Limit: _____

HEREBY applies for credit in accordance with the terms and conditions of:

Hose Box _____

sales@hosebox.com
Credit Manager Email

P.O. Box 1231 _____

30 days to pay-off charge account
Our Normal Credit Terms

Great Falls, MT 59403 _____

Fax 406-452-6056 • Phone 800-592-3176

Ownership

Corporation Check here if incorporated within the past 12 months Partnership Individual

1.	NAME(S) OF PRINCIPAL(S)	Complete Address	ZIP	Phone
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Finance

Bank _____ Bank Address _____

Bank Officer or Department _____ Phone _____

Business References

Please list three business references.

Full Name: _____ Fax: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Fax: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Fax: _____

Company: _____ Phone: _____

Address: _____ Email: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Applicant grants Hose Box permission to obtain a credit report and other information from my references and bank, and authorizes the credit references and bank reference to release information to Hose Box that may be used to determine credit worthiness. Applicant agrees to the terms of conditions, understands that first orders will be done using credit card and agrees to pay all bills rendered within the 30 days from invoice date. Applicant agrees to pay all cost of collection including out-of-pocket expenses, collection agency or attorney fees. I understand that false or misleading information in my application may result in me not receiving credit.

Signature: _____ Date: _____