



Application for Credit

Legal Firm Name		Trade Style or Divisions	
Mailing Address			Phone
City	State	Zip	Fax
Name of President (CEO); Owner (Sole Proprietor); Partner		Email Address	Social Security No.

Tell Us How We Can Help

Estimated Credit Line Required \$ _____

Type of Business Individual Partnership Corporation Division Wholly-Owned Subsidiary

Date Started _____ Your Fed. Tax Number _____

Parent Company: Name and Address _____

Name of Person Paying Bills	Telephone Ext.	Email Address	ASI #	Your Annual Sales
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Tell Us About Your Business

I Certify that Firm Listed Above is Engaged as Registered Wholesaler Retailer Manufacturer Other Lessor

In State _____ State ID Number _____

Merchandise Purchased by the Undersigned from the Following State Sales Tax Status
 Sold to the Public, on Which We Collect & Remit Sales Tax Exempt from State Sales Tax State Exemption No. _____

Tell Us About Your Trade References

Name	Email Address	Phone	Fax

Would You Like To Pay By Credit Card?

Please Accept My Credit Card Listed Below for Purchase Order Number _____ Upon Verbal or Written Approval, Future Purchases Can Be Charged to My Credit Card

Type MasterCard Visa Discover

Card Number _____ Exp. Date _____

Print Name as it Appears on Card _____ Signature _____ Date _____

Name of Bank	Bank Officer			
Street Address	Account Number			
City	State	Zip	Phone	Type of Account <input type="checkbox"/> SBA Loan
				<input type="checkbox"/> Checking <input type="checkbox"/> Borrowing <input type="checkbox"/> Savings

The applicant and undersigned agree that in consideration for establishing an account, all charges will be paid in full within terms of sale on individual invoices. In addition, if the account becomes delinquent, the applicant agrees to pay a service charge on the unpaid balance equal to the lesser of 1.5% per month or the maximum rate allowed under applicable law. If the account must be referred to a collection agency, attorney or any other third party, the applicant and the undersigned agree to pay all costs and expenses incurred (including reasonable attorney's fees). Post-audit claims for more than six (6) months will not be accepted and must be repaid.

The above information, as well as that given on the reverse side, is relied upon by the Hub Pen Company Credit Department for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Be assured that Hub Pen Company will treat all information you provide in a confidential manner and will use it only for the purpose of evaluating your request for credit.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms stated thereon and within conditions stated on the reverse. Principal's or Officers Signature required to attest to above information.

Firm Name _____ Signature _____

Title _____ Date _____ *Continued on next page*

