

Application for Credit

Dear Customer:

In order to establish a charge account for you, we require the following credit information. Please be sure to fill out the application completely. Incomplete applications will delay the processing of credit. Both sections of this form must be signed to establish credit.

Very Truly Yours,
L. HARDY COMPANY, INC.

Jean M. Anderson
Credit Department Tel: 508-756-1511 Fax: 508-753-1626

COMPANY NAME: _____ TEL# _____

Address: _____ FAX# _____

City, State & Zip: _____ Type of Business: _____

Number of Years in Business: _____

For Corporations/Partnerships:

Name of Officers/Partners and State where Incorporated:

Bank (checking account): _____ Address: _____

City, State & Zip: _____ Account # _____

Contact Person: _____ Tel. # _____

TRADE REFERENCES - INCOMPLETE INFORMATION WILL CAUSE DELAYS IN CREDIT PROCESSING!!!

| Name | Street Address | City, State & Zip | FAX and TELEPHONE NUMBER |
|------|----------------|-------------------|--------------------------|
|------|----------------|-------------------|--------------------------|

| | | | |
|----|-------|-------|-------|
| #1 | _____ | _____ | _____ |
|----|-------|-------|-------|

| | | | |
|----|-------|-------|-------|
| #2 | _____ | _____ | _____ |
|----|-------|-------|-------|

| | | | |
|----|-------|-------|-------|
| #3 | _____ | _____ | _____ |
|----|-------|-------|-------|

Name and Title (please print or type) _____

Signature _____ Date: _____

I certify that the above information is true and correct to the best of my understanding.

TERMS AND CONDITIONS OF SALE –

1. Net 30 Days
2. All merchandise returns must have a return authorization number.
3. Unpaid invoices past terms are subject to finance charges in an amount of 1-1/2% per month, and future deliveries may be affected.
4. Accounts are placed into collection at 90 days. Should collection become necessary, I hereby agree to pay collection fees (a sum certain amount of 35% above balance)

NAME AND TITLE (please print or type) _____

Signature: _____ Date: _____

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