



Bert R. Hybels, Inc.
3322 Grand Prairie
Kalamazoo, MI 49006

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Credit Application
(Please print clearly)

1. Company Name _____

Phone _____ Fax _____ Email _____

* Physical Address _____

* Mailing Address _____

2. Check One: Corporation _____ Partnership _____ Proprietorship _____

Years at Present Location _____ Years in Business _____

Principals: Name Position Address

A) _____

B) _____

C) _____

3. Anticipated yearly purchases _____ Credit line desired _____

4. Resale Tax ID Number: _____ Federal ID Number: _____

5. Financial Information:

Bank _____ Account # _____

Address _____

Phone _____ Fax _____

Email _____

6. References (List 3 major suppliers you are currently doing business with)

Name_____

Phone_____ **Fax**_____ **Email**_____

Name_____

Phone_____ **Fax**_____ **Email**_____

Name_____

Phone_____ **Fax**_____ **Email**_____

WITH CREDIT APPROVAL:

TERMS: Applicant is hereby advised that our regularly stated terms are net 14 days. Past due accounts will be assessed a service charge of 1.5% per month, or at a rate not to exceed lawful limits.

CLAIMS must be reported within 24 hours of receipt of merchandise to be guaranteed credit.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE: In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to the cost of collection, court costs, attorney's fees, and interest at the rate of 1.5% per month on all amounts due and payable.

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy for my records. I authorize the above cited references to supply pertinent information as may be required to determine our credit capabilities.

PERSONAL GUARANTEE: I agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that credit may not be extended to said applicant without this personal guarantee.

I have read and fully understand the above.

Corporation (officer must sign) Partnership (two partners) Proprietorship (owner)

Date_____ **Signature**_____

Title_____ **SS#**_____

Date_____ **Signature**_____

Title_____ **SS#**_____