

HARCO, INC.

7308 GRADE LANE, LOUISVILLE, KY 40219
PHONE 502-366-4596 | FAX 502-366-3739 | www.harcoinc.com

Application for Credit

Company name: _____

Physical address: _____

Billing Address: _____ Delivery Address: _____

City, State, Zip: _____ City, State, Zip: _____

Company Phone: _____ Company Fax: _____

Accounts Payable Name: _____ Email Address: _____

BUSINESS INFORMATION

___ Sole Proprietor Owner's Name: _____ SSN: _____

___ Partnership Partner's Name: _____ SSN: _____

Partner's Name: _____ SSN: _____

Partnership SSN or EIN: _____

___ Corporation President: _____ SSN: _____

Vice President: _____ SSN: _____

Secretary: _____ SSN: _____

Treasurer: _____ SSN: _____

Federal Tax ID#: _____

Sales Tax Exemption Certificate _____ Yes _____ No (if yes, enclose signed certificate)

FINANCIAL INFORMATION

Type of Business: _____ Years in Business: _____

Estimated Annual Sales _____ Credit Amount Requested: _____

Total Assets: _____ Total Liabilities: _____ Net Worth: _____

BANKING INFORMATION

Bank Name: _____ Phone: _____

Address/City/State/Zip: _____

Contact: _____ Acct. # _____ Acct. Type: _____

RETURN ORIGINAL APPLICATION BY MAIL

TO EXPEDITE PROCESSING YOU MAY FAX APPLICATION 502-366-3739 – HOWEVER, ORIGINAL MUST BE RETURNED PRIOR TO CREDIT APPROVAL

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TRADE REFERENCES

Name: _____
Address: _____
City/State/Zip: _____
Company Phone: _____ Company Fax: _____
Contact Name: _____ Account Number: _____

Name: _____
Address: _____
City/State/Zip: _____
Company Phone: _____ Company Fax: _____
Contact Name: _____ Account Number: _____

Name: _____
Address: _____
City/State/Zip: _____
Company Phone: _____ Company Fax: _____
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The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize HARCO, INC. to investigate all references and customary credit information sources regarding my/our credit and financial responsibility.

CREDIT POLICY: Statements are not issued. C.O.D. restrictions MAY be placed on any past-due accounts.

CREDIT TERMS: All invoices are due net 30 from invoice date. A service charge of one and one half percent (1-1/2%), or the highest legal rate, whichever is less, may be assessed on delinquent invoices. This is an annual rate of eighteen percent (18%).

In the event of default, and if this account is turned over to an agency or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection, whether or not suit is filed.

APPLICANT’S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS

Firm Name: _____

Signature (Owner/Officer): _____

Title: _____

Printed Name: _____

PERSONAL GUARANTEE

For valuable consideration, the receipt of which is acknowledged including but not limited to the extension of credit by HARCO, INC to _____, the undersigned jointly and severally, unconditionally guarantee to HARCO, INC., hereafter Obligee, the full and prompt performance including payment by _____, hereafter Obligor, of all obligations which Obligor presently or hereafter may have to Obligee and payment when due of all sums presently or hereafter owing by Obligor to Obligee. Obligor agrees to indemnify Obligee against any losses Obligee may sustain and expenses Obligee may incur as a result of any failure of Obligor to perform. This shall be a continuing Guarantee exclusive of interest, court costs and/or attorney’s fees.

Signature Date

**NOTE: Incomplete or unsigned applications will not be processed.
COMPLETED ORIGINAL MUST BE RETURNED PRIOR TO CREDIT APPROVAL**

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