



P.O. BOX 831 • HILLSBORO, OHIO 45133
 PHONE: (800) 669-5213 • FAX: (800) 842-6485

CREDIT APPLICATION

At HCF we are committed to processing your application for credit as quickly as possible. Please help us to accomplish this goal by completing this application in its entirety. Inaccurate or incomplete credit applications will unnecessarily delay extension of credit to your company. We thank you in advance for sending us back this form with **all of the requested information**, including your **state tax exemption certificate** as well as a **signature of an officer or owner**.

COMPANY NAME _____ YEAR BUSINESS BEGAN _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (_____) _____ - _____ FAX # (_____) _____ - _____ AMOUNT OF CREDIT REQUESTED _____

PERSON TO CONTACT REGARDING PAYMENTS _____ TITLE _____

RESALE TAX # _____ STATE _____ FEDERAL ID # _____
 (You **must** include a copy of your state tax exemption certificate with this application)

OWNERSHIP INFORMATION

IS THIS COMPANY:
 INDIVIDUALLY OWNED (SPOUSE'S NAME _____) PARTNERSHIP CORPORATION (STATE OF INC. _____)

OWNER / PARTNER 1 / PRESIDENT

NAME _____ SS# _____ HOME OR CELL PHONE # (_____) _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OWNER / PARTNER 2 / VICE-PRESIDENT

NAME _____ SS# _____ HOME OR CELL PHONE # (_____) _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

OWNER / PARTNER 3 / SECRETARY-TREASURER

NAME _____ SS# _____ HOME OR CELL PHONE # (_____) _____ - _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BANK INFORMATION

1. BANK OR BRANCH NAME _____ CONTACT PERSON _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (_____) _____ - _____ ACCT # _____ ACCT TYPE _____

2. BANK OR BRANCH NAME _____ CONTACT PERSON _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (_____) _____ - _____ ACCT # _____ ACCT TYPE _____

TRADE REFERENCES

COMPANY NAME	CITY, STATE, ZIP	FAX NUMBER OR EMAIL ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

INVOICE DELIVERY OPTIONS

HCF offers two options to receive invoices more quickly than standard mail delivery, therefore enabling you to invoice your customers in a timelier manner. When you opt to receive your invoices by either E-Mail or Fax, you will receive them just minutes after we process our invoices, which is normally by 11:00 AM Eastern Time the next business day after your order ships! Please choose only **one** option below:

- I want to receive my invoices by: E-Mail to this E-Mail address _____
 Fax to this Fax number (_____) _____ - _____
 Standard mail delivery to billing address listed on page 1

IF THIS IS A NEW BUSINESS, LIST PREVIOUS FORMS EXPERIENCE

COMPANY NAME	CITY, STATE, ZIP	PERIOD OF EMPLOYMENT	PHONE #
1. _____	_____	_____	(_____) _____ - _____
2. _____	_____	_____	(_____) _____ - _____

— — — STATEMENT OF POLICY — — —

Orders from new accounts will not be processed unless preceded by the requested information. Applicant's signature attests to financial responsibility, ability, and willingness to pay our invoices in accordance with our terms. Our terms are 2% 15 days from invoice date, Net 30 days. Highland Computer Forms, Inc. (HCF) reserves the right to hold orders if you do not meet our terms, which is an event of default.

In the event of default, I/we agree to pay Highland Computer Forms, Inc. the amount past due, a finance charge of 1.5% per month (18% per annum) calculated monthly on all invoices past due and added to monthly statement, plus any collection and/or attorney fees.

The above information, as well as that given on page 1, is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Highland Computer Forms, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

SIGNED _____ DATE _____

TITLE _____ COMPANY _____

***** MUST BE SIGNED BY AN OFFICER OF THE CORPORATION OR AN OWNER *****

PLEASE TAKE A MINUTE TO COMPLETE THIS ADDITIONAL INFORMATION

HOW DID YOU LEARN ABOUT HCF? TRADE SHOW TRADE MAGAZINE FORMS FINDING DIRECTORY FRIEND/CO-WORKER INTERNET

NUMBER OF FIELD SALES PEOPLE _____ DO YOU HAVE WAREHOUSE FACILITIES? YES NO BRANCH OFFICES? YES NO

ARE YOU A MEMBER OF PSDA? YES NO ADDITIONAL COMMENTS OR SUGGESTIONS: _____

