



**Orlando**  
 4105 Seaboard Rd.  
 Orlando, FL 32808  
 TEL 407-843-8190  
 FAX 407-843-3171

**Tampa**  
 1103 N. 50<sup>th</sup> St.  
 Tampa, FL 33619  
 TEL 813-223-7554  
 FAX 813-223-7567

**Miami**  
 1001 Northwest 159<sup>th</sup> Dr.  
 Miami Gardens, FL 33169  
 TEL 305-620-4313  
 FAX 305-356-7308

**Chicago Sales**  
 TEL 773-884-2192

## Credit Application

1. Welcome and Thank You for applying for a charge account with Amazon Hose & Rubber Co.
2. Payment is due Net 30 days from invoice date. 1 1/2 % interest on accounts over 30 days past due.
3. No Price corrections or returns (except for defective merchandise) after 30 days from invoice date.
4. Special order merchandise is non refundable / non returnable.
5. Receipt is required for returns and may be subject to a 25% restocking fee.
6. All accounts will be charged sales tax unless a current tax exemption certificate is provided to keep on file.
7. Accounts with unpaid invoices 45 days from invoice date will be placed on credit hold.
8. Charge backs for expenses incurred in collections to include, but not limited to, attorney's fees.
9. \$25.00 NSF check fee.

**Must provide complete information in ALL sections in order to process application.**

### General Company Information

Limit Requested: \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Doing Business as \_\_\_\_\_

Federal ID Number \_\_\_\_\_ NAICS Code: \_\_\_\_\_

### Business Classification (Check one)

Today's Date: \_\_\_\_\_

\_\_\_\_ Sole Proprietor    \_\_\_\_ Partnership    \_\_\_\_ Corporation    \_\_\_\_ Other, Specify \_\_\_\_\_

### Type of Business (Check one)

\_\_\_\_ Consumer    \_\_\_\_ Distributor    \_\_\_\_ Government    \_\_\_\_ Jobber    \_\_\_\_ OEM    \_\_\_\_ Other, Specify \_\_\_\_\_

### Physical Address

### Billing/Mailing Address (if different)

Street \_\_\_\_\_  
 Suite# \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_ ZIP \_\_\_\_\_

Street/ P.O. Box \_\_\_\_\_  
 Suite# \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_ ZIP \_\_\_\_\_

Please list all alternate addresses on separate sheet of paper.

Business Telephone ( ) \_\_\_\_\_

Tax Exempt:  Yes  No

Business fax ( ) \_\_\_\_\_

If yes, applicant must provide current tax certificate in order to open the account.

Years in Business \_\_\_\_\_

Purchasing Contact \_\_\_\_\_

A/P Contact \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ EXT \_\_\_\_\_

Phone \_\_\_\_\_ EXT \_\_\_\_\_

Your invoices can be sent via FAX \_\_\_\_\_ or EMAIL \_\_\_\_\_

Your statement to be sent via FAX \_\_\_\_\_ or EMAIL \_\_\_\_\_

### Terms and Conditions

***Business/Applicant hereby acknowledges the following:***

The information supplied is complete and accurate. Amazon Hose terms for extension of credit are 30 days NET. Amazon Hose reserves the unconditional right to refuse credit or to close any account, at any time, without prior notice. Closed credit accounts become payable, in full, immediately. Signature indicates acceptance of all terms listed above.

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

**PURCHASE ORDERS REQUIRED?**  
 Yes  No  please check one  
**STATEMENT REQUESTED?**  
 Yes  No  please check one

# Information on Company Officers

## Principal or Owner

Name	
Street	
City, ST ZIP	
Phone	

## Principal or Owner

Name	
Street	
City, ST ZIP	
Phone	

## Principal Bank Reference

Name	
Street	
City, ST ZIP	
Phone	

## Additional Bank or Credit Reference

Name	
Street	
City, ST ZIP	
Phone	

## Additional Shipping Locations (and any other special instructions on a separate sheet of paper)

Name	
Street	
City, ST ZIP	
Phone	

Name	
Street	
City, ST ZIP	
Phone	

## Trade References (minimum of 4) Please provide Fax # and Account #'s for Trade References

Acct# \_\_\_\_\_

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# \_\_\_\_\_

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# \_\_\_\_\_

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# \_\_\_\_\_

Name	
Street	
City, ST Zip	
Phone/Fax	/

## Shipping Instructions

Preferred Carrier: \_\_\_\_\_  
Prepaid & Add  Collect  please check one

Additional instructions: \_\_\_\_\_  
\_\_\_\_\_

## For Office use only:

References Mailed:  
Ref # 1 mailed \_\_\_\_\_ Received \_\_\_\_\_  
Ref # 2 mailed \_\_\_\_\_ Received \_\_\_\_\_  
Ref # 3 mailed \_\_\_\_\_ Received \_\_\_\_\_

Account Approval:  
Approved by: \_\_\_\_\_ Yes   
No   
Credit Limit: \_\_\_\_\_  
Account #: \_\_\_\_\_