

AIRDRAULICS FLUID POWER INC

THE HOSE CONNECTION INC

3341 NW LOOP 338
Odessa, Texas 79764
Office - 432-381-7867
Fax - 432-381-2521

1401 E Highway 80
Abilene, Texas 79601
Office - 325-437-8403
Fax - 325-437-8406

CREDIT APPLICATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Shipping Address _____

City: _____ State: _____ Zip: _____

Phone: (____) ____-____ Fax: (____) ____-____ AR Phone: (____) ____-____

Email: _____

Email: _____

Type Of Business: _____ Established: _____

Please Circle the Following that Applies

Corporation Sole Proprietorship Partnership

If a Corporation, please list the names of corporate officers below.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

*If a Sole **Proprietorship**, Please fill out the following information.*

Owners Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Social Security ____ - ____ - _____

*If a **Partnership**, please list partners below.*

Owners Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Social Security ____ - ____ - _____

Owners Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Social Security ____ - ____ - _____

Owners Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Social Security ____ - ____ - _____

Owners Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Social Security ____ - ____ - _____

*If we need to bill a **PARENT COMPANY**, please fill out the following information.*

Parent Company Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

BANK INFORMATION

Bank Name: _____

Phone: (____) ____ - _____ Contact: _____

Address: _____

City _____ State: _____ Zip: _____

TRADE REFERENCES

Company Name: _____
Phone: (____) _____ - _____ Contact: _____
Address: _____
City _____ State: _____ Zip: _____
Email: _____

Company Name: _____
Phone: (____) _____ - _____ Contact: _____
Address: _____
City _____ State: _____ Zip: _____
Email: _____

Company Name: _____
Phone: (____) _____ - _____ Contact: _____
Address: _____
City _____ State: _____ Zip: _____
Email: _____

Other Information

Resale Permit # _____ - _____ **(MUST SEND A COPY WITH CREDIT APPLICATION!!)**

P.O Number Required YES NO **Emall Invoices** YES NO _____

*If you require a PO for is to be paid you must have it when you pick up products. **NO EXCEPTIONS***

Authorized Purchasers:

Agreement

Should you approve this application, I (we) agree to pay for all goods purchased within **THIRTY (30)** **DAYS** of invoices date. **Airdraulics Fluid Power Inc & The Hose Connection Inc.** are authorized to contact any reference or bank listed above. It is understood that any information obtained will be used solely for the basis of gaining credit. - *Disclaimer – We **DO NOT** accept ACH payments.*

Sign: _____ Date: _____

Title: _____

IMPORTANT INFORMATION

Please Remit **ALL** Payments to:

P.O BOX 13622

Odessa, Texas 79768

PLEASE NOTE - Airdraulics Fluid Power Inc & The Hose Connection Inc are ***two separate companies*** and must be paid ***separately***.

When we receive a check with mixed company invoices, we cannot post it to both companies, it will only be posted onto one of the accounts.

If you have any questions, please contact us.

Regan – Regan@TheHoseConnectionInc.com

432-381-7867

Jenifer – Jen@TheHoseConnectionInc.com

Morgan - accounting@thehoseconnectioninc.com