

NEW ACCOUNT APPLICATION

Name of Firm: _____ Date Established: _____
Trade Style (DBA): _____ Phone: _____ Fax: _____
Fed ID #: _____ Billing Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____ Resale: _____

Description of Business:

☐ Sole Proprietorship

☐ General Partnership

☐ Corporation

Name of
Principles

Residential
Street Address

City/State
ZIP

Date of Birth

Drivers
License #

State

1) _____
2) _____

IF REQUESTING CREDIT, PLEASE FILL OUT BELOW:

Trade References: (Please Do Not list C.O.D. Accounts)

Company Name

Street Address

City/State/Zip

Contact

Phone

Email

1) _____
2) _____
3) _____
4) _____

Tax Status: ☐ Taxable ☐ Exempt (Resale Certificate must be attached)

Credit Line Requested \$ _____

Estimated Annual Sales \$ _____

Bank References:

Name

Street Address

City/state/Zip

Phone

Acct # _____

Acct Type _____

Acct# _____

Acct Type _____

Acct # _____

Acct Type _____

1) _____
2) _____
3) _____

TERMS: NET 30 TO QUALIFIED ACCOUNTS

SHIPPING: ORDERS SHIPPED FOB LONG ISLAND CITY

CREDIT CARD ACCOUNTS WILL INCUR A 3% PROCESSING FEE

WHEN COMPLETED, PLEASE EMAIL TO SALES@HLDALIS.COM