

HAPP CONTROLS CREDIT APPLICATION

106 GARLISCH DRIVE • ELK GROVE, IL 60007 • PHONE: (847) 593-6130 • ACCOUNTING DEPT. FAX: (847) 981-2902

If you do not have an account with HAPP CONTROLS and a NET 30 OPEN ACCOUNT is desired, complete this credit application and submit for our processing along with your order. Or fax directly to our Accounting Department at (847) 981-2902.

REQUEST FOR NET 30 OPEN ACCOUNT

DATE: _____

NEW CUSTOMER PRESENT CUSTOMER CUSTOMER NO. _____

IF TAX EXEMPT PROVIDE SALES TAX NUMBER _____

BILL TO (Attention)

NAME: _____

SHIP TO (Attention)

NAME: _____

PHONE: () _____

Contact Person(s): _____

Area

FAX: () _____

Area

F.E.I.N. or SOCIAL SECURITY NO. _____

BANK NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

(Exact address or closest intersecting street)

NAME OF BANK OFFICER TO CONTACT: _____ PHONE: () _____

Area

CUSTOMER PERMISSION FOR BANK TO GIVE REFERENCES TO HAPP CONTROLS:

SIGNED: _____

BUSINESS CHECKING
ACCOUNT NUMBER _____

TITLE: _____

HOW LONG AT
THIS LOCATION? _____

BANK FAX NO.: _____

CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER, EXPLAIN _____

NAME OF OFFICER, PARTNER, OR OWNER: _____

TRADE REFERENCES (U.S. ONLY)

COMPANY NAME: _____ ADDRESS: _____
(INCLUDE CITY & STATE)

ACC NO. _____ FAX: _____ PHONE: _____

COMPANY NAME: _____ ADDRESS: _____
(INCLUDE CITY & STATE)

ACC NO. _____ FAX: _____ PHONE: _____

COMPANY NAME: _____ ADDRESS: _____
(INCLUDE CITY & STATE)

ACC NO. _____ FAX: _____ PHONE: _____

COMPANY NAME: _____ ADDRESS: _____
(INCLUDE CITY & STATE)

ACC NO. _____ FAX: _____ PHONE: _____

YOUR NAME (Please Print) _____

YOUR SIGNATURE _____ TITLE: _____ DATE _____

Please allow 2 weeks for processing of Credit Application.

APPROVED NET 30 YES NO

OFFICE USE ONLY

DATE: _____ CREDIT MANAGER: _____