APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL _____ YEARS AT THIS ADDRESS _____

ADDRESS _____ AREA CODE PHONE _____

CITY _____ STATE _____ ZIP _____ AREA CODE FAX _____

HEREBY applies for credit in accordance with the terms and conditions of:

HILBILT-LUFKIN DISTRIBUTING, LLC **501-316-2500**
20036 I-30 **501-794-0020**
BENTON, AR 72019-8045 NET 30 DAYS

OUR NORMAL CREDIT TERMS

The following information must be provided. It will be held in the strictest confidence.

☐ Corporation ☐ Check here if incorporated within the past 12 months ☐ Partnership ☐ Individual

1 _____ _____ _____ _____
NAMES OF PRINCIPAL(S) COMPLETE ADDRESS ZIP PHONE

2 _____ _____

3 _____ _____

BANK AUTHORIZATION

TO WHOM IT MAY CONCERN: The undersigned applicant has applied for credit with HilBilt and authorizes the bank named below to release any information requested by HilBilt to complete processing. A photocopy of this Authorization is to be accepted as an original.

BANK _____ BANK ACCOUNT NUMBER _____

BANK ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

BANK OFFICER OR DEPARTMENT _____ FAX _____

REFERENCES:

1 _____ _____
BUSINESS NAME FAX

COMPLETE ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

2 _____ _____
BUSINESS NAME FAX

COMPLETE ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

3 _____ _____
BUSINESS NAME FAX

COMPLETE ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

4 _____ _____
BUSINESS NAME FAX

COMPLETE ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

☐ Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Our signature below authorizes the release of information on our account by our bank and trade references.

_____
Signed

_____ _____
DATE Title