



<u>Internal Use Only</u>	
SALES REP	_____
PC	_____ TERRITORY _____
CONTACT NAME	_____
CONTACT PHONE	_____
CONTACT EMAIL	_____
DATE	_____

CREDIT APPLICATION

REMITTANCE ADDRESS: Hyspeco, Inc., 2136 E. Pythian St., Springfield, MO 65802

EMAIL: accountsreceivable@hyspeco.com

Business Name (Legal Name): _____

Business Trade (DBA) Name: _____

Billing Address: _____

(City) (State) (Zip Code) (County)

Phone: _____ Email: _____

Shipping Address: _____

(City) (State) (Zip Code) (County)

Phone: _____ Email: _____

Federal ID / EIN #: _____ Date Established: _____

Description of Business: _____

SALES TAX: Are your purchases exempt from sales tax? _____ Yes (Please provide exemption certificate) _____ No

ACCOUNTS PAYABLE CONTACT

Name: _____

Phone: _____ Email: _____

How would you like to receive invoices C Statements? _____ Mail _____ E-mail _____ Portal

PREFERRED SHIPPING METHOD: UPS ACCOUNT # _____

FEDEX ACCOUNT # _____

PREPAID C ADD: _____

QUOTES s ACKNOWLEDGEMENTS CONTACT:

Name: _____

Phone: _____

Email: _____

PRINCIPAL OWNERS/OFFICERS:

BANK REFERENCES:

Bank Name: _____

Location: _____

Contact: _____

Phone: _____

TRADE REFERENCES: (Name of Company, Address and Phone Number or Email Address **FAX NUMBERS WILL NOT BE ACCEPTED**)

1. _____

2. _____

3. _____

Terms: Terms are net 30 days from invoice date. A 1.5% per month or 18% per annum service charge will be levied on all invoices 30 days past due. All accounts with credit lines that choose to pay invoices at their due date with a credit card will be charged a 3% fee. All returned checks will be subject to a \$25.00 fee.

The undersigned agent has the authority to bind the company to 1) Pay all invoices within previously indicated credit terms. 2) Pay all service charges levied on past due invoices. 3) Pay upon demand all collection cost and expenses of collection, including but not limited to collection fees and/or attorney fees at a rate not to exceed 50% of the amount sought for collection together with service charges at the rate of 1.5% per month or 18% per annum.

4) Authorize the contact of any of the above credit references regarding credit standing.

Authorized Signature: _____ Date: _____