



HSI Corporation

PO Box 706 · 3358 Highway 15 North · Bay Springs, MS 39422
601/764-4131 Fax: 601/764-3384

Application for Credit

Company Name _____

Phone _____ Fax number _____

Billing Address: _____ Shipping Address: _____

Division of: _____ Subsidiary of: _____

Sole Owner _____ Partnership _____ Corporation _____ Other _____

Principal Owner _____ Accounts Payable Contact _____

Purchasing Contact _____ Controller _____

D & B No. _____ Federal ID or SS No. _____ State of Inc. _____

Type of Business _____ Number of Years in Business _____ Number of Employees _____

State Tax Number _____ *If tax exempt, a copy of sales tax exempt certificate is required by law and must be included. Otherwise tax will be charged at full rate.*

Has this company or any other business you've owned or were affiliated with ever taken bankruptcy? () Yes () No

Bank Name _____ Bank Phone No. _____

Account No. _____ Officer _____

Trade References (Industry Related Preferred) *Note: You MUST supply a fax number or email address as credit requests must be in writing.*

Name _____ Fax No. or Email _____

Name _____ Fax No. or Email _____

Name _____ Fax No. or Email _____

Name _____ Fax No. or Email _____

Credit Policy

Our payment terms for all open accounts are NET 30 DAYS. All accounts that reach 30 days past due (60 days from invoice date) will be AUTOMATICALLY changed to COD accounts. HSI Corporation reserves the right to cancel or deny open credit status on any account.

Credit Agreement

I understand and agree to the following:

1. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
2. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
3. HSI Corporation is to be notified of any changes in ownership of our company.
4. There are no lawsuits or judgments against me or our company at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

I AGREE TO PAY MY ACCOUNT WITHIN TERMS AND AUTHORIZE HSI CORPORATION TO OBTAIN SUCH INFORMATION REQUIRED CONCERNING THIS APPLICATION.

Signed _____ Printed Name _____

Title _____ Date _____