

CREDIT LIMIT GRANTED:

USA Canada Canada Rail Europe www.hooversolutions.com

CREDIT APPLICATION

CUSTOMER LEGAL NAME:		
PHONE No:	FAX No	o:
SHIP TO ADDRESS:	BILLING ADDRES	S:
CONTACT INFO FOR ACCOUN	 TS PAYABLE:	
Contact Name:	Phone	e No:
Email for AP Contact:		
	&B NO. (IF NONE, SPECFY N/A)	
FEDERAL ID NO.:	CUSTOMER WEBSITE:	
SALESTAX EXEMPTION CERTIFICATE: _	T/	AX WILL BE CHARGED IN NO CERTIFICATE IS ATTACHED
CORP: PARTNERS	SHIP: LLC:	FEDERAL ID NO.:
IF APPLYING AS AN INDIVIDUAL, PLEAS	SE PROVIDE NAME:	SOCIAL SEC #:
BANK INFORMATION		
NAME:		CONTACT:
ADDRESS:		
STREET	CITY	STATE ZIP CODE
TRADE REFERENCES		
COMPANY NAME:	PHONE No:	Email:
CONTACT:		
CONTACT:		
CONTACT:		
COMPANY NAME:		
CONTACT:	ACCOUNT No:	Fax No:
TE	ERMS ARE – NET 30 DAY	YS OF BILLING DATE
and will be held in strict confidentiality sales and we understand any problem	y and used solely for determining creds with complying with terms and limi	er Materials Handling Group, DBA Hoover CS, for acquiring credit dit worthiness and purchasing limits. We agree to the terms of its may result in negative reporting to credit agencies by Hoover
CS. Return completed application to	your sales representative or: AR@n	ooversolutions.com
SIGNATURE:	TITLE:	
		(OWNER OR OFFICER)
DATE:	DOLLAR (CREDIT LIMIT REQUESTED:
SALESPERSON:	SALES OF	R RENTAL:(S or R)
OFFICE USE ONLY		
APPROVAL/DISAPPROVAL		
BY & LIMIT APPROVED:		
YES / NO	YES / NO	YES / NO
CREDIT	CREDIT MGR	GROUP CONTROLLER