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**Application for Open Account**

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING APPLICATION

Date: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_ Tax Id #: \_\_\_\_\_  
Date Business Est.: \_\_\_\_\_ Circle One: *Corporation* *Sole Owner* *Partnership*  
Principal Name and Title: \_\_\_\_\_

**Billing Information**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shipping Information**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Main Contacts**

*Accounting:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Purchasing:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please forward four (4) trade references and one (1) bank reference, including fax numbers with this completed form.*

**Credit Information:**

Credit Limit Requested: \_\_\_\_\_

Are you sales tax exempt?  Yes  No [If yes, please attach exemption certificate.]

Do you accept emailed invoices?  Yes  No [If yes, enter receiving email address below.]

Email: \_\_\_\_\_

Has your company ever filed for bankruptcy?  Yes  No [If yes, when] \_\_\_\_\_

Duns # \_\_\_\_\_

All credit accounts are granted under the following terms of sales.

- 1. All invoices are due and payable within 30 days of date of invoice.
- 2. A 1 1/2 % monthly service charge will be made on unpaid invoices 30 days or older.
- 3. All invoices are payable as rendered.
- 4. All claims for adjustments must be made within 5 days of receipt of goods.
- 5. A handling charge of at least 15% will be made on all goods ordered and not accepted.
- 6. Goods returned for credit are subject to our acceptance and a minimum 15% handling charge.
- 7. If all invoices are not paid within 30 days of date of invoice, the account will be placed on credit hold for review.
- 8. SUPERIOR HOSE & FITTINGS, LLC. has the right to limit the amount of credit extended.

**Please Note: We have a minimum billed order of \$30.00 net and a written PO is required for all orders.**

**Authorized signature approves release of credit information to Superior Hose & Fittings, LLC.**

Authorized Signature/Title: \_\_\_\_\_

Please print above Name/Title: \_\_\_\_\_

The above applicant's signature attests financial responsibility, ability and willingness to pay in accordance with the aforementioned terms, at the discretion of SUPERIOR HOSE & FITTINGS, LLC. This is a continuing agreement and supersedes any and all items with regard to terms of sale between applicant and Superior Hose & Fittings, LLC. until terminated, in writing, by certified mail.

**SHF USE ONLY** New Customer:  Credit Review:

Credit Approved: \_\_\_\_\_ Credit Refused: \_\_\_\_\_  
Customer Code: \_\_\_\_\_ Limit: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_