

CONFIDENTIAL CREDIT APPLICATION



3798 Round Bottom Road
 Cincinnati, OH 45244
 Telephone: (513) 271-8800 or (800) 543-7184
 Fax: (513) 271-0160
 www.hydrosystemsco.com

PLEASE PRINT CLEARLY

Company Name:		Division or Subsidiary of:	
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Telephone: () ()	Fax: () ()	Time in business under present ownership:	
E-mail address:	PO# Required? YES NO	OK to backorder? YES NO	
Type of Business: ___ Chemical Distributor ___ Chemical Mfg ___ Equipment Distributor Other (explain):		Type of Entity: ___ Proprietorship ___ Partnership ___ Corporation ___ Other	
Federal ID#:	Resale# (required):	D&B Rating:	Duns#:
Owners/President/Chief Financial Officer			
Name		Title	
Three Suppliers Currently Extending Credit			
Name	Address, City, State, Zip	Telephone	Fax (required)
1.			
2.			
3.			
Banking References (Main Office and/or Branch)			
Name	Address, City, State, Zip	Telephone	Fax (required)
Bank Account #:			

Credit Line Requested (required): \$ _____ Estimated Monthly Purchases:\$ _____

Terms of Sale: Upon granting credit, payment is due within 30 days of invoice date. **Payable only in U.S. funds.** Overdue accounts will be subject to 1 1/2% per month service charge. **HYDRO SYSTEMS** reserves the right to collect reasonable legal and filing fees, court costs and any other expenses that they may incur in order to collect an account that must be placed with a third party.

I authorize HYDRO SYSTEMS to check our credit status with any of the references listed on this application.

A REQUIRED SALES TAX EXEMPTION CERTIFICATE IS TO BE ATTACHED.

Signature of responsible party (required): _____ Title: _____

PLEASE PRINT NAME: _____ Date: _____

**FOR HYDRO TO PROCESS YOUR APPLICATION PROMPTLY,
PLEASE COMPLETE ENTIRE FORM, RETURN TO GAYLE MESSERSCHMITT**

HYDRO SYSTEMS FOR INTERNAL USE ONLY	
(once approval has been confirmed, we will notify you by returning this application back to you by fax, with this section completed)	
TERM/LINE OF CREDIT APPROVED: _____	APPROVED BY: _____
DATE: _____	ACCT. NO.: _____ SALES REP: _____