Haag-Streit USA – Customer Credit Application

Return completed form to accountsreceivable@haag-streit.com.

Name/Address						
Contact Name:			Title			
Name of Business:			Tax I.D. Number			
Address:						
City:	State:	ZIP:	Phone:			

Company Information

Annual Sales:		In Business Since:				
Credit amount reque	ested:					
Type of Business:						
	Corpor	ation	Partnersh	ip 🗌	Proprietorship	
If Division/Subsidiary, Name of Parent Company:			In Business Since:			
Name of Company Principal Responsible for Business Transactions:		ness Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:		
Dun & Bradstreet:						

Account Payable Contact Info

Contact Name:

Job Title:

Address:

Phone

Bank References								
Institution Name:	Institution Name:	Institution Name:						
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:						
Address:	Address:	Address:						
Phone:	Phone:	Phone:						

Trade References					
Company Name:	Company Name:	Company Name:			
Contact Name:	Contact Name:	Contact Name:			
Address:	Address:	Address:			
Phone:	Phone:	Phone:			
Account Opened Since:	Account Opened Since:	Account Opened Since:			
Credit Limit:	Credit Limit:	Credit Limit:			
Current Balance:	Current Balance:	Current Balance:			

The information contained in this document is true and accurate to the best of my knowledge. Based on the information provided, a credit extension amount and conditions will be determined. Furthermore, in order to determine the information listed above, I consent to the financial institutions listed in the credit application form to provide the necessary information to the company when demanded.