



HILLSDALE TERMINAL

P O BOX 100, 2222 MOORE RD.

JONESVILLE MI 49250

(800)447-3150 Fax (517)849-9516

CREDIT APPLICATION

COMPANY: _____

NAME: _____

ADDRESS: _____

PURCHASING AGENT OR CONTACT: _____

PHONE: _____ FAX: _____

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPIATOR _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PLEASE GIVE THE NAMES OF THREE (3) TRADE REFERENCES & BANK:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

BANK _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

ACCT#: _____ DATE ESTAB _____

By signing this application, customer agrees to pay all expenses, costs, fees of collection and attorney fees incurred in the collection of past due accounts and consents and submits to the jurisdiction of courts of the State of Michigan. All matters arising under this confirmation, including the construction thereof, shall be governed by the laws of the State of Michigan

Signature of Corporate Officer or Owner Date

Please fax completed application to (517) 849-9516 or scan and email sales@hillsdaleterminal.com