



# HILLSDALE TERMINAL

Offices • 250 Industrial Drive • Hillsdale, Michigan 49242  
Manufacturing • 2222 W. Moore Road • Hillsdale, Michigan 49242  
517-849-2505 or 1-800-447-3150 • Fax: 517-437-0797 • e-mail: sales@hillsdaleterminal.com

## NEW CUSTOMER INFORMATION FORM AND CREDIT APPLICATION

-Please complete all information requested.

-Fax back to 517-437-0797 attention CREDIT DEPARTMENT or email to  
accounting@hillsdaleterminal.com

-Please note, our standard credit terms are Net 30 for all approved credit accounts.  
If you do not wish to fill out a credit application, you will need to complete the new  
customer information form and provide an authorized credit card for all orders. Please be  
advised, all credit card orders must be preauthorized before we ship.

-We will not accept incomplete credit applications. Include all forms and documents  
requested. Incomplete applications will delay processing your application and shipping  
new orders.

If you have any questions, please contact our credit department by calling 800-447-3150.

Best,

Hillsdale Terminal



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## NEW CUSTOMER INFORMATION

Please complete all information below:

Company Name:	
Company Legal Name:	
Billing Address:	
Street Address:	
City, State, Zip Code:	
Shipping Address:	
City, State, Zip Code:	
Phone:	
Fax:	
Email Address:	
Owner/Principal:	
Authorized Contact(s):	
Authorized Contact(s) Email:	
Company Web Address:	
Accounts Payable Name:	
Accounts Payable Email:	
Accounts Payable Phone:	
Preferred Freight Carrier Name	UPS <input type="checkbox"/> FED EX <input type="checkbox"/> USPS <input type="checkbox"/> OTHER <input type="checkbox"/>
Freight Account Number:	
Invoice Delivery Preference:	MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/>
Remittance Preference:	ACH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> WIRE (\$5 FEE) <input type="checkbox"/>

If you are applying for credit please complete next form. For Credit Card customers, please fill out next portion:

Credit Card Type:	Visa   Mastercard   American Express   Discover
Credit Card #	
Credit Card Exp. Date	

I hereby release and authorize the use of the above credit card to Hillsdale Terminal.

Signature and Title		Date:	
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If you are seeking credit terms, please fill out the form below:

## CREDIT APPLICATION

Company Legal Name:	
Address:	
City, State, Zip Code:	
Federal Id #:	
D&B / Duns #:	
Years in Business:	
Business Type:	Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/>
Date of Incorporation:	
No of Employees:	
Sales Tax Exempt? (Include Exemption Form):	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Names Used (Past or Recent):	
Requested Credit Limit:	\$
Bank Reference Name:	
Bank Address:	
Bank Contact Info (Name/Phone/Email):	
Trade Reference 1:	
Trade Reference 1 Address:	
Trade Reference 1 Contact Info (Name/Phone/Email):	
Trade Reference 2:	
Trade Reference 2 Address:	
Trade Reference 2 Contact Info (Name/Phone/Email):	
Trade Reference 3:	
Trade Reference 3 Address:	
Trade Reference 3 Contact Info (Name/Phone/Email):	



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## AGREEMENT:

By submitting this application, you certify that you have the authority to submit this information and requested credit for this company. If approved, the Standard Terms are Net 30 (unless other terms have been negotiated). Accounts with a past due balance will be charged a service charge of a minimum of \$2.50 on the past due invoices or a 1.5% on past due balances. You agree to pay all invoices within the terms specified. You agree to be responsible to pay all costs and attorney fees incurred in connection with collection of any past due balances on this account. Hillsdale Terminal is hereby authorized to investigate the references listed above concerning the applicant's credit history and financial responsibility.

AUTHORIZED SIGNATURE		DATE:
PRINT NAME AND TITLE		