



CREDIT APPLICATION-(NEW ACCOUNT APPLICATION)

BILL TO (PAYING LOCATION) NAME: _____

ATTENTION LINE/DEPT.: _____

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

TELEPHONE# _____

COUNTY: _____

CONTACT NAME: (PLEASE PRINT or TYPE): _____

CONTACT TITLE AND PHONE #: _____

RELATIONSHIP

___DIVISION ___WHOLLY OWNED ___SUBSIDIARY ___PARTIALLY OWNED

TYPE OF BUSINESS

__SOLE PROPRIETOR

__CORPORATION

__PARTNERSHIP

TAX INFORMATION

WILL THIS ACCOUNT BE TAX EXEMPT?

__YES __NO

IF THE ACCOUNT OR SPECIFIC ORDERS ARE EXEMPT, A COPY OF A SIGNED TAX EXEMPTION FORM MUST BE ATTACHED TO THE APPLICATION.

PERSONAL GUARANTOR OF APPLICANT'S OBLIGATIONS

NAME: _____ TITLE: _____ SS# _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

TRADE REFERENCE #1

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELE# _____
FAX# _____

TRADE REFERENCE #2

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELE# _____
FAX# _____

TRADE REFERENCE #3

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELE# _____
FAX# _____

TRADE REFERENCE #4

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELE# _____
FAX# _____

BANK REFERENCE

BANK _____

ACCOUNT# _____

OFFICER _____

ELE# _____

BRANCH LOCATION:

Terms of payment are net 30 days. Fob shipping point. We accept terms shown above and authorize obtaining information concerning the above statement so that our account can be established promptly.

If you have any questions, or need assistance, please call: 800-248-0101 please fax complete form to: 845-878-4104 or click here to email to cdesimone@hytape.com.

CUSTOMER _____

SIGNATURE OF AUTHORIZED AGENT

DATE