

HSI CORPORATION
P.O. BOX 706 • 3358 HWY. 15 N
BAY SPRINGS, MISSISSIPPI 39422
601-764-4131
FAX: 601-764-3384

Application for Open Account

Must Be Filled Out Completely

Name _____
Billing Address: _____ **Shipping Address:** _____

Telephone# _____ **Fax#** _____
Email Address _____

Year Started _____ **Dun & Bradstreet#** _____
Line of Business _____

Location of Home Office _____
Accounts Payable Contact & Phone Number _____

Are you a subsidiary or division? _____
If so, state parent company _____

Number of Employees _____ **State Tax Number** _____
If tax exempt, a copy of sales tax exempt certificate is required by law and must be included. Otherwise tax will be charged at full rate.

Have you ever failed in business or taken Bankruptcy? () Yes () No
Federal Tax ID # _____

Officers: PRESIDENT: _____
VICE PRESIDENT(S): _____

Bank Reference
Name _____ **Phone** _____ **Fax** _____
Address _____

Trade References
Name _____ **Phone** _____ **Fax** _____
Address _____

Name _____ **Phone** _____ **Fax** _____
Address _____

Name _____ **Phone** _____ **Fax** _____
Address _____

Continued -

Credit Policy

Our payment terms for all open accounts are NET 30 DAYS. All accounts that reach 30 days past due (60 days from invoice date) will be automatically changed to a COD account. HSI Corporation reserves the right to cancel or deny open credit status on any account.

Credit Agreement

I understand and agree to the following:

1. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
2. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
3. HSI Corporation is to be notified of any changes in ownership of our company.
4. There are no lawsuits or judgements against me or our company at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

I AGREE TO PAY MY ACCOUNT WITHIN TERMS AND AUTHORIZE HSI CORPORATION TO OBTAIN SUCH INFORMATION REQUIRED CONCERNING THIS APPLICATION.

Signed _____

Title _____

Date _____