



**HLC, INCORPORATED**

359 Hudson Street, PO Box 970  
Healdsburg, CA 95448  
www.HLC-inc.com

PHONE: 707-431-9663 FAX: 707-431-9655

Salesperson \_\_\_\_\_

**BUSINESS APPLICATION FOR CREDIT**

APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

P/L \_\_\_\_\_

C/L \_\_\_\_\_

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
BUSINESS PHONE FAX E-MAIL

STATE CONTRACTORS LICENSE \_\_\_\_\_ YEAR BUSINESS STARTED \_\_\_\_\_

FEDERAL TAX ID \_\_\_\_\_ *if tax exempt, attach certificate*

Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

**OWNERS and/or OFFICERS**

1) \_\_\_\_\_  
NAME TITLE SS#

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

2) \_\_\_\_\_  
NAME TITLE SS#

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

3) \_\_\_\_\_  
NAME TITLE SS#

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

**TRADE REFERENCES**

1) \_\_\_\_\_  
NAME ADDRESS PHONE

2) \_\_\_\_\_  
NAME ADDRESS PHONE

3) \_\_\_\_\_  
NAME ADDRESS PHONE

**BANK INFORMATION**

\_\_\_\_\_  
NAME OF BANK ADDRESS PHONE

**ACCOUNTS PAYABLE CONTACT**

\_\_\_\_\_  
NAME PHONE

**PREFERRED BILLING METHOD**

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

CREDIT AMOUNT DESIRED \_\_\_\_\_

**AUTHORIZED SIGNATURE**

The information provided is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon RECEIPT/NET 30 DAYS, to pay interest at 18% per annum for all overdue accounts, and to pay all collection costs and attorneys fees resulting from collection procedures on overdue accounts. I hereby authorize the person or firm to whom this application is made any credit bureau or other investigative agency employed by such person to investigate the references herein listed, or statements, or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Any sum not paid when due shall cause the entire balance to be due and payable. In the event any suit or action is commenced to enforce this policy, HLC, Incorporated shall be entitled to recover, in addition to the costs and disbursements provided by statute, court costs and reasonable incurred attorney's fees. Suit venue is in Sonoma County.

\_\_\_\_\_  
SIGNATURE of Company Owner / Authorized Officer

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**SHOULD YOU GIVE US YOUR PERSONAL GUARANTY?**

Yes, if your company . . .

- ✓ has less than \$2M in annual sales, or
- ✓ is less than 2 years old, or
- ✓ has less than 10 employees, or
- ✓ is a partnership or proprietorship

Giving us your personal guaranty will speed the process of approving your application.

I agree to be held personally liable in the event that The Applicant fails to make any payment and hereby accept the above items as the term of the guaranty.

\_\_\_\_\_  
SIGNATURE of Company Owner

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**OTHER AUTHORIZED SIGNERS ON ACCOUNT** (please print)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_