**Superior Hydraulic Services, LLC**

# APPLICATION FOR CREDIT

**DATE:** _____
**COMPANY INFORMATION**
**NAME:** _____
**STREET ADDRESS:** _____
**CITY:** _____**STATE:** _____ **ZIP:** _____
**TELEPHONE:** (        )_____ **FAX:** (          )_____
**BILLING ADDRESS:** _____
**CITY:** _____ **STATE:** _____ **ZIP:** _____
**PURCHASE ORDER REQUIRED:** _____ YES _____NO
**TAX EXEMPT?** _____ YES _____NO
****IF TAX EXEMPT, ATTACH TAX EXEMPT CERTIFICATE****
**DATE BUSINESS ESTABLISHED:** _____
**TYPE OF BUSINESS:** _____
**ACCOUNTS PAYABLE CONTACT:** _____

**REFERENCES:**

**BANK NAME:** _____
**ADDRESS:** _____ **CITY:** _____ **STATE:**_____**ZIP:**_____
**OFFICER:** _____ **TELEPHONE:** (         )_____

**TRADE REFERENCES:**

| | **FAX:** (      ) _____ |
| **NAME:** _____ | **TELEPHONE:** (      )_____ |
| **ADDRESS:** _____ **CITY:**_____ **STATE:**_____ **ZIP:**_____ |

| | **FAX:** (      ) _____ |
| **NAME:** _____ | **TELEPHONE:** (      ) _____ |
| **ADDRESS:** _____ **CITY:**_____ **STATE:**_____ **ZIP:** _____ |

| | **FAX:** (      ) _____ |
| **NAME:** _____ | **TELEPHONE:** (      )_____ |
| **ADDRESS:** _____ **CITY:** _____ **STATE:**_____ **ZIP:**_____ |

| | **FAX:** (      )_____ |
| **NAME:** _____ | **TELEPHONE:** (      )_____ |
| **ADDRESS:** _____ **CITY:** _____ **STATE:**_____ **ZIP:** _____ |

| | **FAX:** (      ) _____ |
| **NAME:** _____ | **TELEPHONE:** (      ) _____ |
| **ADDRESS:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____ |

**PREPARED BY**                                  **TITLE**                                      **DATE**

**\*OUR TERMS ARE NET 30 DAYS\***
**A FINANCE CHARGE OF 1 ½% PER MONTH WILL BE CHARGED ON ANY UNPAID BALANCES OVER 30 DAYS**
**The *FAX* number of each reference is *REQUIRED* to process your application**