



HANSON & FITCH

Mailing Address:
Hanson & Fitch Inc.
P.O. Box 175 Danville, CA 94526
Office: 800.847.7037 Fax: 925.406.1340
www.hansonfitch.com

New Customer Data Sheet & Application for Credit

(Page 1 of 2)

GENERAL INFORMATION:

Firm or Business Name: _____

Doing Business as (DBA): _____

Street Address: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Accounts Payable Contact Name: _____

A/P Email Address: _____

A/ P Contact Phone: _____

Years in Business: _____ Federal Tax Number: _____

Type of Business: ___ Individual ___ Corporation ___ Partnership

Kind of business: _____

President / Owner: _____

Cell: () _____ Email: _____

Treasurer / Controller: _____

Cell: () _____ Email: _____

Authorized persons to place orders:

Name: _____ Cell: () _____

Name: _____ Cell: () _____

**New Customer Data Sheet & Application for Credit
For Hanson & Fitch Inc.**

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CREDIT REFERENCES: (Please provide three or attachment)

1. Company Name: _____ Acct. # _____
Mailing Address: _____
Telephone Number: _____ E-Mail: _____
Contact Person: _____
How Long Have You Been Doing Business With This Company? _____

2. Company Name: _____ Acct. # _____
Mailing Address: _____
Telephone Number: _____ E-Mail: _____
Contact Person: _____
How Long Have You Been Doing Business With This Company? _____

3. Company Name: _____ Acct. # _____
Mailing Address: _____
Telephone Number: _____ E-Mail: _____
Contact Person: _____
How Long Have You Been Doing Business With This Company? _____

BANK REFERENCE:

Institution Name: _____ Checking Acct. # _____
Contact Name: _____ Phone # () _____
Street Address: _____ City & State _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

Thank you for taking the time to fill out our customer data sheet.

By signing below, you certify that the information contained herein is complete and accurate. I hereby authorize the financial institutions listed to release necessary information to the company for which credit is being applied. All Net 30 orders placed with Hanson & Fitch must be paid within 30 days of the date of the invoice. If an invoice exceeds more than 30 days past due, Hanson & Fitch reserves the right to cancel your credit terms, remove inventory and/or require all future orders to be prepaid pending reapplication. I have read, and understand, and accept the terms set.

Authorized Signature

Title

Date

Print Name

Please return to H&F A/R Dept via email to: donna@hansonfitch.com