

**Hop Industries Corporation**

1251 Valley Brook Ave. o P.O. Box 188 o Lyndhurst, NJ 07071-0188

Application for Credit

Completion of this application in its entirety will expedite the processing of your application. We are obligated to do our due diligence in order to extend open credit. Your full cooperation and the cooperation of your references are appreciated. Please submit the completed form and direct any questions regarding this form to the following contact:

Salesman Name _____

Account Representative

Tel: 201- 438- 6200 Ext. ____ Fax: 201 -438- 8033

Email: _____

Customer#: _____

*(Customer # to be filled by Hop.)***A. Billing Address**

Name: _____

Address: _____

City/State/Zip: _____

B. Accounts Payable Contacts

Primary Contact: _____

Title: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

Secondary Contact: _____

Title: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

C. Business Information

Federal Tax ID or Social Security#: _____

Official Company Name: _____

DBA: _____

Subsidiary/Division of: _____

Address _____

City/State/Zip: _____

Main Phone/Fax: _____ / _____

Check one: Corporation Partnership Proprietorship

Nature of Business: _____

Years in Operation: _____

Annual Sales: _____

D&B #: _____

Owner(s): _____

Chairman: _____

CEO: _____

President: _____

Treasurer: _____

Controller: _____

A/P Manager: _____

VP of Finance: _____

Note: *If tax exempt, please attach copies of relevant certificates.***D. Bank Reference**

Account Number: _____

Bank Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

E. Trade References (must provide a minimum of 3.)

Reference 1: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

Reference 2: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

Reference 3: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ ext. ____ / ____

Email: _____

F. Authorization to Release Bank & Trade Information

I, _____, hereby authorize Hop Industries to investigate the references listed above pertaining to our credit and financial responsibility. I further authorize the listed above references to release to Hop Industries information regarding our credit and financial responsibility including any loans.

Signature: _____ Title: _____

I, _____, hereby represent that I am authorized to submit this application on behalf of the customer named above and that the information provided is warranted to be true. It is agreed that all necessary collection, legal expenses and interest will be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Signature: _____ Title: _____ Date: _____ Email: _____