



NEW CUSTOMER ACCOUNT APPLICATION FORM

PLEASE FAX THIS DOCUMENT BACK TO 860.430.5161 OR EMAIL TO FINANCE@HABCO.BIZ

A C C O U N T I N F O	SECTION I - ACCOUNT INFORMATION				Date:
	Company Name		Duns Number		
	Street Address		City	State	Zip Code
	Phone Number		Fax Number		
	Federal Taxpayer ID Number		Corporation, Partnership or Proprietorship		
	AP Contact Person		Type of Business (i.e. OEM, Distributor, Sales Rep., etc)		
	Email Address		Website address		
	Year business established		Type or brands of products currently selling		
Where will you be doing business?		Where will you export to? Be specific by country and not region or continent.			

S A L E S	SECTION II SALES INFORMATION			
	Expected Sales Per Year		Credit Limit Request	
Preferred method of Payment		Requested Terms		

O W N E R S	SECTION III OWNERSHIP		
	Owner Name	Address	Telephone / E-mail
Owner Name		Address	Telephone / E-mail

B A N K I N G	SECTION IV BANK REFERENCE		
	Bank Name	Routing Number	Account Number
	Name on Account	Bank Address	Contact at Bank
Contact Title and Email		Contact Telephone	Contact Fax

R E F E R E N C E S	SECTION V TRADE REFERENCES		
	Name		Account Number
	Address		
	Phone Number	E-mail Address	Contact Person
	Name		Account Number
	Address		
Phone Number		E-mail Address	Contact Person
Name		Account Number	
Address			
Phone Number		E-mail Address	Contact Person

H I S T O R Y	SECTION VI HISTORY AND DISCLOSURES - briefly outline your company's history and state any past, present or pending legal actions (law suits for / against, convictions, other)		

S I G N	I have reviewed the information above and find it to be true and correct, and I authorize Habco to contact the above Banking and Trade references for the purpose of obtaining credit.		
	Authorized Signature	Title	Date