

CREDIT APPLICATION

HENDRICK SCREEN COMPANY

3074 MEDLEY ROAD, OWENSBORO, KY 42304
Telephone: 270-685-5138 Fax: 270-685-1729

Credit Line Requested: \$ _____

Amount of Initial Order: \$ _____

Date: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

Type of Business: _____ Years in Business: _____

Bank Reference:

Bank: _____

Name/Branch

Account#

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

Trade References:

1) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

2) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

3) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No. _____ Fax No. _____

We hereby apply for the extension of credit by your firm. The supplied information is correct to the best of our knowledge. We authorize you to contact any of the above named parties to discuss our credit worthiness now and at any time beyond this use. It is understood that the supplied information will be held strictly confidential.

By: _____ Date: _____

Terms of Payment: Authorized Officer

Net 30 Days

Title: _____

Please e-mail the completed credit application to sales@hendrickscreenco.com