

Helmar Inc. Credit Application

Business Information					
Company Name:			Trade Name/DBA/Parent Company:		
Billing Address:					
City:	State:	Postal Code:	T:	F:	E:
Shipping Address:					
City:		County:		State:	Postal Code:
Telephone:		Fax:		Email:	
Website:				Year Established:	Tax Resale #:

Principal Name:	Home Telephone:	% Ownership:
Principal Name:	Home Telephone:	% Ownership:
Principal Name:	Home Telephone:	% Ownership:

Accounts Payable Contact Information		
Contact Name(s):		
Direct Phone Number(s):	Direct Fax Number(s):	
Email Address(es):		
Check Preference for Method of Invoice Receipt:		
<input type="checkbox"/> Electronic Invoice	<input type="checkbox"/> Electronic Statements	<input type="checkbox"/> Mail Paper Invoice/Statement

Sales / Parts / Purchasing Contact Information		
Contact Name:	Direct Phone Number(s):	Direct Email Address:
Contact Name:	Direct Phone Number(s):	Direct Email Address:
Contact Name:	Direct Phone Number(s):	Direct Email Address:

Bank Information					
Bank Name:					
Bank Address:					
City:	State:	Postal Code:	T:	F:	E:
Account Number:		Contact:		Website:	

Please include a copy of your Tax Resale Certificate complete with Tax ID number when submitting your application.

Trade References • Open Account Only: Require Four References (Two Out of State)

Company Name:					
Address:					
City:	State:	Postal Code:	T:	F:	E:
Account Number:		Contact:		Website:	

Company Name:					
Address:					
City:	State:	Postal Code:	T:	F:	E:
Account Number:		Contact:		Website:	

Company Name:					
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City:	State:	Postal Code:	T:	F:	E:
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Company Name:					
Address:					
City:	State:	Postal Code:	T:	F:	E:
Account Number:		Contact:		Website:	

Check all that apply:	<input type="checkbox"/> Independent	<input type="checkbox"/> Authorized	Principal Lines:

Prepared By:

Print Name

Date

Signature

Title

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