



NEW CUSTOMER CREDIT APPLICATION

1501 Kuebel St.
Unit E
Harahan, LA 70123

(504) 731-1434 - Phone
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(504) 731-1435 - Fax
info@maxxhyd.com

COMPANY INFORMATION

| | | | |
|--|----------------------------------|--------------|------------|
| Company Name: _____ | | | |
| Billing Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Shipping Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Branch Office: _____ | DBA: _____ | | |
| Phone: _____ | Fax: _____ | | |
| Business Structure (Sole Ownership, Partnership, Corporation): _____ | | | |
| Type of Business: _____ | Year Business Established: _____ | | |
| Federal ID#: _____ | OR President/Owner SSN: _____ | | |
| Owner/President: _____ | | | |
| Primary Contact Person: _____ | Title: _____ | | |
| Controller: _____ | | | |

BANK REFERENCES

| | |
|------------------------------|-----------------------------|
| Bank Name and Address: _____ | |
| Account #: _____ | Contact Name & Phone: _____ |

TRADE REFERENCES

| | | |
|------------------|--------------------|------------|
| Firm Name: _____ | City, State: _____ | Fax: _____ |
| 1: _____ | _____ | |
| 2: _____ | _____ | |
| 3: _____ | _____ | |

CREDIT AGREEMENT

I understand the following and will abide by your company regulations:

1. Notify MAXX Hydraulics LLC of any changes in ownership of your company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

| |
|--------------------------------|
| Credit Amount Requested |
| |

I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN ANY INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION

DATE _____

SIGNED _____

TITLE _____

PERSONAL GUARANTEE

MAXX HYDRAULICS
WWW.MAXXHYD.COM

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HARAHAN, LA 70123

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