



**CREDIT APPLICATION**

**MANUFACTURES OF  
HALLETT GUTTER COVER®**

P.O. Box 752  
3916 E. Traction Rd.  
Crawfordsville, IN. 47933  
800-327-5059 \* (765) 362-5050 \* FAX (765) 362-5093

Check One: Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Federal ID# or SS#: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Name of Officers: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Ship to Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If necessary, attach separate sheet for additional locations)

**BANK REFERENCES**

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Other: \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_  
Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Other: \_\_\_\_\_

Credit Line Requested: \_\_\_\_\_

Have you ever filed bankruptcy, either as an Individual, partner or an officer in a corporation?  
YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, please attach an explanation)



MAJOR SUPPLIER REFERENCES

Supplier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ ST.: \_\_\_\_\_ Zip: \_\_\_\_\_

APPLICTAION AUTHORIZATION & AGREEMENT

In support of this application, **Hallett Gutter Cover**, is hereby authorized to obtain credit/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and /or financial information will be held in strict confidence and used only in the consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated with **Hallett Gutter Cover**. Should I/we not pay **Hallett Gutter Cover**, in accordance wit invoice terms, it is understood that a finance charge of 1.5% will be added to any/all past due balances and I/we agree to pay such charges. It is also understood that credit privileges may be withdrawn. Should **Hallett Gutter Cover**, find it necessary to obtain assistance in collecting nay such past due balances, I/wee agree to pay interest (allowable be State Law), reasonable attorney fees, collection fees, and/or court cost allowable by law.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
(Print Names and Title)

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
(Print Names and Title)