

# Credit Application

## HELIX CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

FED TAX ID# \_\_\_\_\_ TAX EXEMPT# \_\_\_\_\_

(Must fax copy)

PERSONNEL:

PRESIDENT/OWNER \_\_\_\_\_

INDIVIDUALS THAT MAY PURCHASE \_\_\_\_\_

ACCOUNTS PAYABLE \_\_\_\_\_

TRADE REFERENCES:

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

ESTIMATED PURCHASES PER MONTH \$ \_\_\_\_\_

I \_\_\_\_\_ hereby authorize our trade references to release credit information to Helix. I expect Helix to keep all information in strict confidence. I also agree to comply with the terms of sale of Helix and agree to pay all costs incurred should my account be submitted for collections.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE FAX THIS FORM TO 847-229-9003**