



10950 Linpage Place, St. Louis, MO 63132

Phone: 314-241-1214 / Fax: 314-241-2277

www.hyccompany.com

www.firechiefwoodfurnace.com

**CREDIT APPLICATION**

Customer Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Started \_\_\_\_\_

SIC Code \_\_\_\_\_ No. of Employees \_\_\_\_\_ Amount of Credit Requested \_\_\_\_\_

Ownership Data \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

If a Corporation in what state are you incorporated? \_\_\_\_\_

Sales Tax Number \_\_\_\_\_ Federal ID # \_\_\_\_\_

Have you ever had an account with HY-C Company, Inc.? Yes/ No (circle one)

If Yes, under what name? \_\_\_\_\_

If a subsidiary, address of parent co. \_\_\_\_\_

***Credit Department Use Only:***

Credit Limit: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_ Class ID \_\_\_\_\_

Terms: \_\_\_\_\_

Type: \_\_\_\_\_

Sales Rep \_\_\_\_\_



**PRINCIPALS/OFFICERS RESPONSIBLE FOR BUSINESS TRANSACTIONS**

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Name \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

SS# \_\_\_\_\_

Position: \_\_\_\_\_

% Ownership in Company \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

SS# \_\_\_\_\_

Position \_\_\_\_\_

% Ownership in Company \_\_\_\_\_

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In consideration of HY-C Company LLC extending credit, I/we jointly and severally do personally guarantee unconditionally to HY-C Company LLC the payment of indebtedness of the within named firm.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**BLANKET CERTIFICATE OF PURCHASE FOR RESALE TO OUR CUSTOMERS**

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In order to comply with Missouri state and local sales tax law requirements it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption on purchases for resale. If we do not have the certificate, we are obligated to collect sales tax. If you are entitled to the sales tax exemption, please complete the certificate below and return it to us. Until HY-C has received the completed and signed certificate, we will be obligated to collect sales tax on all your purchases.

Thank you for your prompt attention and help in this matter.

*David Walters*, President

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The undersigned hereby certifies that, until further notice, all of the tangible personal property which is and shall hereafter be purchased by him from the above named firm shall be for the purposes of resale as tangible personal property, and hereby assumes all liability for the collection and remittance of the Sales or Use Tax from the ultimate user or consumer.

Name \_\_\_\_\_ State ID # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

\_\_\_\_ If you have no sales tax number, please check this space and return.

I swear or affirm that the above information is true and correct as to every material matter.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: THIS CERTIFICATE EXPIRES FIVE (5) YEARS FROM ABOVE DATE.



## AUTHORIZATION FORM LETTER

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Below is an authorization form we need signed and returned to us with your completed credit application. It is for the purpose of authorizing your bank to release information concerning your account.

I \_\_\_\_\_ of \_\_\_\_\_ Company,

Authorize \_\_\_\_\_ Bank/Savings & Loan of \_\_\_\_\_

to release requested information concerning my bank account and credit to the HY-C Company, Inc. of St. Louis, Missouri.

Account# \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**TRADE REFERENCES (with whom you've done business in past 5 years)**

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*\*Failure to provide Fax numbers for references and signed forms will result in substantial delays in processing.*

1. Name \_\_\_\_\_ Type of Business \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Type of Business \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Type of Business \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Street \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**BANK REFERENCES:**

Bank: \_\_\_\_\_ Account#: \_\_\_\_\_ Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Type: \_\_\_\_\_

Street: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Officer Name & Title: \_\_\_\_\_