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Campbellsport, WI  
53010 USA



Phone:  
(920) 533-5080

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## CREDIT LIMIT & OPEN ACCOUNT APPLICATION

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Contact/Buyer Name: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

**Type of Business** Corporation: \_\_\_\_ Partnership: \_\_\_\_ Individual Ownership: \_\_\_\_  
Name of Owners: \_\_\_\_\_

**Nature of Business** Wholesaler \_\_\_\_ Distributor \_\_\_\_ Retail/Sport Shop \_\_\_\_ Chain Store \_\_\_\_ Other \_\_\_\_

**Company History** Yrs in Business \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

### Bank & Financial Information

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
EIN# or S.S. #: \_\_\_\_\_  
Account Type: Checking Acct# \_\_\_\_\_ Savings Acct# \_\_\_\_\_  
Loan Type: Secured \_\_\_\_ Unsecured \_\_\_\_ Loan# \_\_\_\_\_

### Business & Reference Information

**Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I \_\_\_\_\_ as Owner of \_\_\_\_\_  
consent to the release of information regarding my company accounts with the above listed companies  
and bank as listed above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Note:** Your open account and credit limit will be sent within Ten (10) Days of receiving this completed application.  
Until approved credit has been officially issued by HT Enterprises, Inc., all shipments are to be paid by:  
**Credit Card, C.O.D. when applicable, Cash, Cashier's Check, or Pre-Pay.**