



CREDIT APPLICATION

SERVICE ADDRESS

Company Name:
Address:
City: State: Zip:
Phone: Fax: E-Mail Address:

BILLING ADDRESS: (IF DIFFERENT)

Company Name:
Address:
City: State: Zip:
Phone: Fax: E-Mail Address:

COMPANY INFORMATION

Do you require a billing reference?
Type of business: How long?
Sole Ownership Partnership Corporation
Principal: Title:
Referred by:

BANK INFORMATION

Bank Name: Contact:
Address:
Bank Phone: Account #:

The undersigned hereby gives permission for the release of information regarding the above referenced account

TRADE REFERENCES

Co. Name: Account #:
Address: Phone: Fax:
Co. Name: Account #:
Address: Phone: Fax:
Co. Name: Account #:
Address: Phone: Fax:

HOT SHOT WILL NOT BE RESPONSIBLE FOR THE COST OF ANY ITEM NOT DECLARED AT THE TIME THE ORDER IS PLACED. OUR LIMIT OF LIABILITY IS \$100.00 PER DELIVERY.

Signed: Title:
Date: