



Carolina Hose Service

Credit Application

Credit Application mailed or given to customer by: \_\_\_\_\_ Date: \_\_\_\_\_

BILLING ADDRESS: Company Name: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SHIP TO ADDRESS: Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

FULL NAME OF THE FOLLOWING:

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Accounts Payable: \_\_\_\_\_

ORDER INFORMATION:

Are orders accepted by order number only? Yes  No

By signature Yes  No

By both Yes  No

Are only certain individuals authorized? Yes  No   
If yes -- list names and title below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

TAX INFORMATION

**\*\*VERY IMPORTANT!!** Please read this portion and comply with tax information needs. **\*\***

Should we charge you sales tax? Yes  No

If yes, what rate of tax should we charge you: \_\_\_\_\_ %

If no, tax exempt number is \_\_\_\_\_

*\*A copy of your state Tax Exempt Certificate must be forwarded to Carolina Hose Service.\**

*Without tax exempt certificate on file, we always charge sales tax. Please attach to Application*

Are there any purchases made which are tax exempt and others which are not? Yes  No

If yes, will this be indicated on orders? Yes  No

(-Continued-)

**POTENTIAL CUSTOMER PLEASE  
NOTE!**

A: Please set up your records to remit to Carolina Hose Service, 125 Remount Road, Suite C1-1198, Charlotte, NC 28203.

B: **Terms - Net 30 days.** Accounts are placed on credit hold at sixty (60) days. Please indicate this on your records. Thank you!!!

**CREDIT  
REFERENCES**

*(Must have at least three) - Give complete address and zip code, please!*

Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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*RATED IN DUN AND BRADSTREET:* Yes  No  Your D&B rating: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Please email this completed application to: [lindy@carolinahoseservice.com](mailto:lindy@carolinahoseservice.com)  
You can also print, fill out by hand and send a photo via email or text 704-877-5227