

# AIRDRAULICS FLUID POWER INC

## THE HOSE CONNECTION INC

3341 NW LOOP 338  
Odessa, Texas 79764  
Office - 432 -381 -7867

1401 E Highway 80  
Abilene, Texas 79601  
Office - 325-437-8403  
Fax - 325-437-8406

### CREDIT APPLICATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Shipping Address \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ AR Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Type Of Business: \_\_\_\_\_ Established: \_\_\_\_\_

#### Please Circle the Following that Applies

Corporation    Sole Proprietorship    Partnership

*If a Corporation*, please list the names of corporate officers below.

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

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

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

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

*If a Sole **Proprietorship**, Please fill out the following information.*

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*If a **Partnership**, please list partners below.*

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*If we need to bill a **PARENT COMPANY**, please fill out the following information.*

Parent Company Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

## **BANK INFORMATION**

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact: \_\_\_\_\_

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

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

## TRADE REFERENCES

Company Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Contact: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## Other Information

(please fill out this information in full)

Resale Permit # \_\_\_\_\_ - \_\_\_\_\_ (MUST SEND A COPY WITH CREDIT APPLICATION!!)

**P.O Number Required** YES NO      **Email Invoices** YES NO \_\_\_\_\_

*If you require a PO for is to be paid you must have it when you pick up products. **NO EXCEPTIONS***

Authorized Purchasers:

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# Agreement

Should you approve this application, I **(we)** agree to pay for all goods purchased within **THIRTY (30)** **DAYS** of invoices date. **Airdraulics Fluid Power Inc & The Hose Connection Inc.** are authorized to contact any reference or bank listed above. It is understood that any information obtained will be used solely for the basis of gaining credit. **Disclaimers – We *DO NOT* accept ACH Payments & only accept USD currency.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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

## IMPORTANT INFORMATION

Please Remit **ALL** Payments to:

**P.O BOX 13622**

**Odessa, Texas 79768**

***PLEASE NOTE*** - Airdraulics Fluid Power Inc & The Hose Connection Inc are ***two separate companies*** and must be paid ***separately***.

When we receive a check with mixed company invoices, we cannot post it to both companies, it will only be posted onto one of the accounts.

**If you have any questions, please contact us.**

**Please fill out and return this form to:**

**Regan – [Regan@TheHoseConnectionInc.com](mailto:Regan@TheHoseConnectionInc.com)**

**432-381-7867**