



NEW CUSTOMER CREDIT APPLICATION

1501 Kuebel St.
Unit E
Harahan, LA 70123

(504) 731-1434 - Phone
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(504) 731-1435 - Fax
info@maxxhyd.com

COMPANY INFORMATION

Company Name: _____			
Billing Address: _____	City: _____	State: _____	Zip: _____
Shipping Address: _____	City: _____	State: _____	Zip: _____
Branch Office: _____	DBA: _____		
Phone: _____	Fax: _____		
Business Structure (Sole Ownership, Partnership, Corporation): _____			
Type of Business: _____	Year Business Established: _____		
Federal ID#: _____	OR President/Owner SSN: _____		
Owner/President: _____			
Primary Contact Person: _____	Title: _____		
Controller: _____			

BANK REFERENCES

Bank Name and Address: _____	
Account #: _____	Contact Name & Phone: _____

TRADE REFERENCES

Firm Name: _____	City, State: _____	Fax: _____
1: _____	_____	
2: _____	_____	
3: _____	_____	

CREDIT AGREEMENT

I understand the following and will abide by your company regulations:

1. Notify MAXX Hydraulics LLC of any changes in ownership of your company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

Credit Amount Requested

I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN ANY INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.

DATE _____	SIGNED _____
X _____	TITLE _____

PERSONAL GUARANTEE

MAXX HYDRAULICS
WWW.MAXXHYD.COM

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