



H.S. WHITE

CORPORATION

Welcome to H.S. White Corporation,

We're happy you've decided to establish credit with our organization.

Attached, you will find the required forms.

Please fill them out and return them as soon as possible along with a copy of your W-9 and resale certificate, so we can proceed with the process.

Please verify the accuracy of your bank's phone and fax numbers.

Each trade reference must have a fax number and/or email address.

Thank you and we look forward to working with you.

1350 S Dixie Hwy East. Pompano Beach, FL 33060

Phone: (800)326-8575 Fax: (954)785-8247

accounting@hswhite.com | sales@hswhite.com

www.hswhite.com



H.S. WHITE CORPORATION

BANK ACCOUNT INFORMATION RELEASE FORM

Date: _____

I hereby give authorization to _____ Bank to release to H.S. White Corporation the following information:

Date account was opened, average balance and account standings.

Account standings: Good Satisfactory Fair Poor

- By checking this box, I acknowledge that I may be subject to a one-time service fee of \$25. This fee applies to Bank of America, SunTrust, and other banks that outsource credit references to third party websites. I understand this and consent to be invoiced for the entirety of this one-time charge.

COMPANY NAME

PRINT NAME

AUTHORIZED SIGNATURE

1350 S Dixie Hwy East. Pompano Beach, FL 33060

Phone: (800)326-8575 Fax: (954)785-8247

accounting@hswhite.com | sales@hswhite.com

www.hswhite.com



H.S. WHITE CORPORATION

Application for Credit

Date _____

Corporate Name _____

Business/Trade Name _____ Email _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Type of Business _____ Date Established _____

Incorporated (Date) _____ State of Incorporation _____

Contact for Accounts Payable _____ Phone/Ext. _____

Email _____ Do you pay sales tax? () Yes () No

Officers/Owners	Title/Affiliation	Email
_____	_____	_____
_____	_____	_____

Bank Reference

Name _____ Account Number _____

Street Address _____ Phone (_____) Fax (_____)

City, State _____ Zip Code _____ Contact _____

Trade References

Name _____ Contact _____

Street Address _____ Phone _____

City, State _____ Zip Code _____ Fax (_____)

Name _____ Contact _____

Street Address _____ Phone _____

City, State _____ Zip Code _____ Fax (_____)

Name _____ Contact _____

Street Address _____ Phone _____

City, State _____ Zip Code _____ Fax (_____)



H.S. WHITE

CORPORATION

I (we) agree that payments will be made in accordance with terms stated on each invoice, that a service charge of 1.5% per month will be charged on all past due balances when account is over 30 days past due, and that if my (our) account is referred to an attorney for collection, I (we) will be responsible for reasonable attorney's fees and court costs.

UCC Filing – Blanket Lien on Business Assets Required (Date filed _____),¹

Signature _____

Title _____