

REMIT TO -
Credit Department PO Box 92367, Rochester NY 14692 585 424-7376 • 585 274-8239 Fax
Horizon Federal LLC Tax ID No. 84-1718506



CREDIT APPLICATION

Horizon Salesperson	Branch	Monthly Anticipated Sales	Annually
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Company Information

Legal Business Name _____ Date _____

Parent Company Name _____ DBA _____

Bill to _____ Ship To _____

Phone () _____ Fax () _____ E-Mail _____

AP Contact _____ Financial Contact _____

City _____ State _____ Zip _____

Type of Organization Corporation — State Incorporated: _____ Partnership — State of Formation: _____

LLC Proprietorship — If Sole Proprietorship, SS#: _____

Type of Business Contractor Wholesaler Retailer OEM VAR End User Other, describe: _____

Type of Products or Service _____

How long in Business _____ Number of Persons Employed _____

Name of Principals / Officers

Name	Position	Home Address
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1. _____

2. _____

3. _____

Bank References

Name	Mailing Address	Account Number
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1. _____

2. _____

Trade References

Name	Mailing Address	Fax Number
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1. _____

2. _____

3. _____

Note: All references are contacted by mail or fax. Please furnish complete mailing addresses. If available, please enclose a copy of current financial statement or annual report.

Are you listed in Dun & Bradstreet No Yes - If yes, Duns# _____ SIC Code _____ D&B Rating _____

Sales Location / Other Information

Horizon Solutions Portland Bangor Manchester Holyoke Albany Syracuse Elmira Rochester Buffalo

Credit Limit Req'd \$ _____ Expected Yearly Purchases \$ _____ Method of Payment EFT Check Wire Transfer

Sales Tax Status Taxable Tax Exempt - If exempt, what States: _____ Please Attach Certificates

Monthly Statement Required No Yes - If yes, how many copies: _____ Do you require a PO# or Job Name No Yes

