

Credit Application



Date: _____

Firm Name: _____

Owner (s): _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Shipping Address: _____

Accounting Contact: _____

Acct. Phone: _____ Fax: _____

Trade References:

Firm Name Address Phone Number Fax Number Years Known

Bank: _____

Branch: _____

Contact: _____

Phone: _____ Fax: _____

Please fill out the information completely or your credit request may be delayed

In the event, your account is not paid when it is due, the applicant agrees to pay a monthly finance charge in the amount of 1% (12% per annum) of the unpaid balance for each month the account is past due. Should any past due account be assigned for collection, or if a suit is filed for collection, the applicant agrees to pay all cost of collection, including attorney's fees.

Signature _____

Date: _____

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**For Hauoli Hosale, Use Only:**

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Account No.: \_\_\_\_\_

Terms: \_\_\_\_\_

Salesman No.: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Effective: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: P.O. Box 970245 Waipahu, Hawaii 96797  
Location: 94-059 Leokane Street Waipahu, Hawaii 96797  
Tel: (808) 676-8991 Fax: (808) 676-8780