

HB Brackets® 6625 SW 104th. Street Oklahoma City, Oklahoma 73169

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New Account Application & Agreement

Please Mail or Fax to HB Brackets

Company Name: _____
Information: Corporation ___ Partnership ___ Proprietorship ___ LLC ___ Other _____
Address: _____ City: _____ State: ___ Zip: _____
Telephone () _____ Fax () _____
E-mail Address: _____ Tax ID # _____
Type of Business: _____
Business Established: Month: _____ Year: _____

Owner or Officers

Information: Name: _____ Title: _____
Name: _____ Title: _____

If sole owner

Please complete: Name: _____
Address: _____ City: _____ State: ___ Zip _____
Home Telephone: () _____

Bank

Reference: # 1 - Institution Name _____
Address: _____ City: _____ State: ___ Zip _____
Contact Name: _____ Phone () _____
Checking Acc. # _____ Savings Acc. # _____
2 - Institution Name: _____
Address: _____ City: _____ State: ___ Zip _____
Contact Name: _____ Phone () _____
Checking Acc # _____ Savings Acc # _____

Trade

Reference: # 1 - Company Name: _____
Address: _____ City: _____ State: ___ Zip _____
Contact Name: _____ Phone () _____
2 - Company Name: _____
Address: _____ City: _____ State: ___ Zip _____
Contact Name: _____ Phone () _____
3 - Company Name: _____
Address: _____ City: _____ State: ___ Zip _____
Contact Name: _____ Phone () _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Name (Please Print) _____

Signature: _____ Date: _____