



Please send this application to:  
 E-mail: [ar@midwesthose.com](mailto:ar@midwesthose.com)

Midwest Hose  
& Specialty, Inc.

P.O. Box 96558  
 Oklahoma City, OK 73143-6558  
 800-375-2358

**Application for Credit**

\*\*\*If you have a corporate letter of credit, you may submit it with this application. Please review this form and complete any information requested that is not provided on your letter of credit.

Line of Credit Requested			
<b>Company Information</b>			
Business Legal Name (as it appears on license)			
Business Trade Name (dba)			
Billing Address: (Street, City, State, Zip)			
Business Street (if Different) (Address, City, State, Zip)			
Website:			
This company is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Municipal <input type="checkbox"/> Government			
Years in Business		Dun & Bradstreet Number	
Description of Business			
Officer/Owner Name			
Social Security Number or Federal Employer Identification Number			
<b>Accounting/Billing Information</b>			
Accounts Payable Name			
Accounts Payable Phone		Accounts Payable Fax	
Accounts Payable E-mail			
Name and title of person who authorizes payment			
Will your company pay from an electronically generated invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your preference for receiving invoices? <input type="checkbox"/> U.S. mail <input type="checkbox"/> fax <input type="checkbox"/> e-mail		What is your preference for receiving statements? <input type="checkbox"/> U.S. mail <input type="checkbox"/> fax <input type="checkbox"/> e-mail	
What are your invoice requirements? (check one) <input type="checkbox"/> Purchase Order Number <input type="checkbox"/> Job Name <input type="checkbox"/> Rig Number <input type="checkbox"/> Truck Number <input type="checkbox"/> Name of Person Placing Order <input type="checkbox"/> Name of Person Receiving Order <input type="checkbox"/> None			
<b>Shipping/Purchasing Information</b>			
Shipping Street Address (Street, City, State, Zip)			
Purchasing Name			
Purchasing Phone		Purchasing Fax	
Purchasing E-mail			
Are Purchases Tax Exempt? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, resale or exemption certificate must be provided</i>			
If no, please indicate what sales tax rate to charge for each shipping address:			
Charge following <b>state</b> tax for this shipping location:			
Charge following <b>county</b> tax for this shipping location:			
Charge following <b>city</b> tax for this shipping location:			
Charge following <b>other</b> tax for this shipping location:			

<b>For Internal Use Only</b>	Date Received:	Date Approved:	Terms:
Account Name:	Customer Type:	Territory:	



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**BANK /TRADE REFERENCES** – Our reference requests are submitted by fax, so please provide fax numbers. Thank you.

1 <sup>st</sup> Bank (Name, Address)		Account Officer	
Bank Telephone Number	Bank Fax Number	Checking Account Number	Loan Number
1) Name of Trade Reference		Account Number	
Trade Reference Address (P.O. Box, Street, City ,State, Zip)			
Telephone Number		Fax Number	
2) Name of Trade Reference		Account Number	
Trade Reference Address (P.O. Box, Street, City ,State, Zip)			
Telephone Number		Fax Number	
3) Name of Trade Reference		Account Number	
Trade Reference Address (P.O. Box, Street, City ,State, Zip)			
Telephone Number		Fax Number	
4) Name of Trade Reference		Account Number	
Trade Reference Address (P.O. Box, Street, City ,State, Zip)			
Telephone Number		Fax Number	

**If the undersigned individual who is either a principal of the credit application or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the above Application, hereby consents and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.**

Applicant agrees to make payment in full to Midwest Hose & Specialty, Inc. for all amounts due according to Midwest Hose & Specialty’s invoice(s). Should Applicant default in any such payment(s), Midwest Hose & Specialty, Inc. shall have the right, without notice to Applicant, to declare all invoices amounts due and payable. In the event that Midwest Hose & Specialty, Inc. should commence any action or actions, or otherwise seek to enforce this agreement against Applicant, Applicant agrees to pay reasonable finance charges, attorney(s) fees, court costs, and other expenses incurred by Midwest Hose & Specialty, Inc. whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without the prior written consent of Midwest Hose & Specialty, Inc. No act or omission of Midwest Hose & Specialty inc. will be deemed to constitute a waiver of any of its rights absent an express, written statement to that affect.

**Applicant agrees that any changes in liability for any debts incurred to Midwest Hose & Specialty, Inc. due to change in Applicant’s form of business or ownership shall not be effective as to Midwest Hose & Specialty, Inc., until Midwest Hose & Specialty, Inc., received actual notice of the change by certified mail.**

Applicant certifies that Midwest Hose & Specialty, Inc. is hereby authorized to make inquiries concerning our payment history, billing records, and other activity pertaining to all of our accounts and services with you.

**Officer/Owner(X)** \_\_\_\_\_ **Date:** \_\_\_\_\_