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FAX (360) 696-2555
WWW.hydraulics-inc.com Email: Sales@hydraulics-inc.com

Bill To: _____

Ship To: _____

Phone: (____) _____
 Fax: (____) _____
 Type of Business _____
 0 Proprietorship 0 Partnership 0 Corporation
 Federal ID # _____
 Taxable yes no mark one Resale # _____

Phone: _____
 Credit Limit Requested _____
 Purchase Order Required: _____
 State Of _____
 Date business Started _____
 and Issuing State _____

Principal Owners, Stockholders or Officers

Name _____
 Address _____

 Name _____
 Address _____
 Name _____
 Address _____

Title _____
 Phone _____
 Social Security # _____
 Phone _____
 Social Security # _____
 Phone _____
 Social Security # _____

BANK REFERENCE:

Name _____
 Address _____

Contact _____
 Phone _____
 Account # _____

TRADE REFERENCE:

Name _____
 Address _____

 Phone _____
 Fax _____
 Name _____
 Address _____

 Phone _____
 Fax _____

Name _____
 Address _____

 Phone _____
 Fax _____
 Name _____
 Address _____

 Phone _____
 Fax _____

We agree to pay the service charge in the amount of 1.5% per month for any amount remaining unpaid beyond 30 days. We also agree to pay reasonable attorney fees in the event of any legal action taken to collect such amounts. Applicant's signature attests financial responsibility, ability, and willingness to pay invoices in accordance with above terms.

Signature _____

Title _____

Print Name _____

Date _____