

Hamm Companies

PO Box 17, Perry, KS 66073

Ph: (785) 597-5111 Fax: (785) 597-5117

Salesman: _____

Location(s): _____

To be completed by Applicant

Customer		Owner's Name (If a Business)		
Address	City	State	Zip	
Contact Person	Phone Number		Fax Number	
Federal ID# or SS#	Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Other : _____			
Nature of Business				
Years in Business				
Projected Annual Volume to be Charged:	Tons Per Year		Dollars Per Year	
Bank where you maintain an account	Banker's Name, Address, and Phone Number			
Trade References (name, address and phone number)				
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Terms of Charge Account

I/We agree to be responsible for payment of all services and/or charges made on my account. I/We understand that payment is due within 30 days of the charge date. In the event payment is not made on the agreed upon date, I/we understand that I/we may be charged interest at the rate of 1.5% per month (18% APR). Minimum monthly fees may apply. In the event that it is necessary to employ outside collection efforts, I/We will be responsible for the costs of collection, including but not limited to, Court Costs, and Attorney Fees

I/We certify that all the information on this form is correct. I/We fully understand your terms and agree to the proper payment in consideration of extended terms.

Date: _____ Printed Name/ Title: _____

Signature: _____

For office use only:

Customer Number:				
Rec Type:	Template:	JWS <input type="checkbox"/>	CFG <input type="checkbox"/>	
Approved Credit \$	Credit Asst. <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date:	Auth. Mger:	