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**CREDIT APPLICATION**

FIRM NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CORPORATION    PARTNERSHIP    SOLE PROPRIETOR    LIMITED PARTNERSHIP    LIMITED LIABILITY

PLEASE SPECIFY NAMES AND TITLES OF OFFICERS:

Name \_\_\_\_\_ Title \_\_\_\_\_      Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_      Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_      Name \_\_\_\_\_ Title \_\_\_\_\_

FEDERAL ID NO \_\_\_\_\_ YEARS ESTABLISHED \_\_\_\_\_ INCORPORATED? \_\_\_\_\_

IF YES, UNDER LAWS OF WHICH STATE? \_\_\_\_\_ TYPE OF COMPANY \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSONS AUTHORIZED TO USE ACCOUNT**

PROPERTY MASTER \_\_\_\_\_

SET DECORATOR \_\_\_\_\_

COSTUMER \_\_\_\_\_

OTHER \_\_\_\_\_

**REFERENCES - IF POSSIBLE, USE REFERENCES IN THE INDUSTRY**

BANK NAME \_\_\_\_\_ DATE OPENED \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

1. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ADDITIONAL INFORMATION**

AMOUNT OF CREDIT LINE REQUESTED \_\_\_\_\_

IS ACCOUNT BEING OPENED FOR A SPECIFIC PROJECT?    YES \_\_\_\_\_    NO \_\_\_\_\_

IF YES, NAME OF PROJECT \_\_\_\_\_ START DATE \_\_\_\_\_ WRAP DATE \_\_\_\_\_

DOES YOUR COMPANY REQUIRE PURCHASE AND/OR RENTAL ORDER NUMBERS FOR PAYMENT?    YES \_\_\_\_\_    NO \_\_\_\_\_

**OUR TERMS ARE NET 30 DAYS**

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

NAME (Please Print) \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*CREDIT APPLICATIONS TAKE 10 DAYS TO PROCESS\*\*\***

**EMAIL completed applications to [accounting@hpr.com](mailto:accounting@hpr.com) or FAX to (323) 931-2145**