



Toll Free – 1-800-4HOFFMAN

Main Office: 300 South Randolphville Road * Piscataway, NJ 08854 * Tel. 732/752-3600 * Fax. 732/968-8371

CORPORATE INFO:

Legal Company Name _____ DBA _____
Mailing Address _____ City _____ State _____ Zip _____
Ship to Address _____ City _____ State _____ Zip _____
County _____ Tel. _____ Fax. _____
Email Address _____ Years in Business _____ Dun & Bradstreet # _____
() Corporation () Partnership () Proprietorship () LLC () Other / Federal Tax I.D. # _____
Tax Exempt? () No () Yes / If YES, please attach certificate - Do you require Purchase Orders? () Yes () No
Accounts Payable Contact Name _____ Tel. _____ Email _____
Insurance Company _____ Contact Name _____ Tel. _____

PERSONAL INFO:

Owner/Officer's Name _____ Date of Birth _____ Social Security # _____
Driver's License # _____ State Issued _____ Email Address _____
Home Address _____ City/State/Zip _____
Home Telephone _____ Requested Credit Line _____

BANK REFERENCES:

Bank Name _____ Account# _____ Telephone# _____ Fax # _____

EQUIPMENT DEALER/SUPPLIER REFERENCES:

Company Name _____ Account# _____ Telephone# _____ Fax# _____

CREDIT CARD AUTHORIZATION: I hereby authorize charges to my credit card for any and all past due balances including a 2% handling charge. If credit is extended, I hereby agree to allow charges to my credit card for any and all balances that exceed credit terms as agreed to herein. Discover Cards not accepted.

Credit Card Issuer _____ Name on Card _____
Expiration Date _____ Credit Card Number _____
Authorized Signature _____ Printed Name _____

AUTHORIZATION: I attest the foregoing information is complete and accurate. I authorize you to use credit-reporting agencies to obtain credit information regarding my account now and in the future. I agree that late charges will be assessed on past due balances at two percent (2%) per month.

GUARANTY: For good and valuable consideration, I personally guarantee payment for all goods, services, and rentals purchased from Hoffman International, Inc. and all indebtedness incurred by the above. I further agree to pay 30% collection charges, in the event of default, if the account is placed with an attorney or collector.

Signature _____ Printed Name _____ Date _____
Signature _____ Printed Name _____ Date _____
Witness _____ Printed Name _____ Date _____

22 Peconic Avenue Medford, NY 11763 Tel. 631/207-2900 Fax. 631/207-2918
2610 South Blackhorse Pike Williamstown, NJ 08094 Tel. 856/875-0036 Fax. 856/875-0058
1130-D Zerega Avenue Bronx, NY 10642 Tel. 718/822-1180 Fax. 718/822-1183
1440 Route 9W Marlboro, NY 12542 Tel. 845/236-3000 Fax. 845/236-3154