



Hoodman Corporation
20445 Gramercy Place #201
Torrance, CA 90501
310-222-8608
800-818-3946
310-222-8623FAX
www.hoodmanusa.com
sales@hoodmanusa.com

HOODMAN DEALER APPLICATION

FIRST ORDER MUST BE PAID BY CREDIT CARD

CREDIT CARDHOLDER INFORMATION

Name on Credit Card:	
Type of Credit Card:	VISA MASTERCARD AMEX DISCOVER (Circle One)
Company Name:	

CREDIT CARD INFORMATION

Credit Card Number:		
Expiration Date:		
Billing Address:		
City:	State:	Zip Code:
Phone:		

AUTHORIZED USER OF CREDIT CARD

Name:	
Company:	
Phone Number:	
Email Address:	
Identification:	
Relation to Owner:	

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card reference above.
I certify that all information above is complete and accurate. I authorize Hoodman Corporation to keep this form on file and charge my first order to this card number. This authorization will remain in effect until it is specifically revoked in writing. It is the responsibility of the cardholder to notify Hoodman Corporation of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.

Terms: Once your first order has been shipped you will be given Net 30 Days.

****Note**:** ALL PAST DUE ACCOUNTS WILL BE NOTIFIED IN WRITING AND WILL BE GIVEN 7 DAYS TO PROVIDE PAYMENT FOR ALL ORDERS PAST 30 DAYS. IF YOU HAVE NOT NOTIFIED HOODMAN WITH YOUR PAYMENT INTENTIONS WE WILL CHARGE THE AMOUNT TO THIS CARD.

Free Domestic (UPS Ground) Shipping with Purchases over \$500.

Cardholder Name:	
Authorized Signature:	
Date	

Hoodman Corporation Dealer Terms and Conditions



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BUSINESS CONTACT INFORMATION

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip Code:	
Date Business Commenced:		Website:	
Re-Seller Tax ID#			

BUSINESS AND CREDIT INFORMATION

Primary Business Billing Address:			
City:	State:	Zip Code:	
Accounts Payable Contact (A/P):			
A/P Phone:	A/P Fax:	A/P E-mail:	
Bank Nname:			
Bank Address:			
City:	State:	Zip Code:	
Bank Contact:			
Bank Phone:	Fax:		
Bank Account #:			Email:

CREDIT REFERENCES

Reference #1:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Type of Account:			
Reference #2:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Type of Account:			
Company Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	
Type of Account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Hoodman Corporation to make inquiries into the banking and credit references that you have supplied.

SIGNATURES

<p style="text-align: center;">_____</p> <p style="text-align: center;">APPLICANT SIGNATURE</p>	<p style="text-align: center;">HOODMAN USE ONLY:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">AUTHORIZED BY:</p>
<p>DATE:</p>	<p>DATE:</p>