



Application To Establish Open Account Payment Terms

*Please fax completed form to (937) 968-4524, or mail to
Ha-Ste Manufacturing, Inc., PO Box 168, Union City, OH 45390*

CONTACT INFORMATION

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number
Address:			Telephone:
City, State, Zip:			Fax:

COMPANY INFORMATION

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Contact Responsible for Account Transactions:	Title:
Address:	City: State: Zip: Phone:
Name of Company Contact Responsible for Purchase Transactions:	Title:
Address:	City: State: Zip: Phone:

TRADE REFERENCES

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
City, State, Zip	City, State, Zip	City, State, Zip
Telephone:	Telephone:	Telephone:
Fax:	Fax:	Fax:

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature *Date*