



HATCH BUILDING SUPPLY, INC.
5601 Manufacturers Drive Madison, WI 53704
608.222.0011 608.222.1797(Fax) 800.654.2824

Credit Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____

Home Telephone: _____

Cell Phone: _____

Fax Number: _____

Type of Business: _____ Years in Business _____

Corporation: ___ State Of Incorporation: _____

Partnership: ___ Proprietorship: ___

Sales Tax Number: _____ (If you are exempt, please forward signed certificate)

NAMES OF PRINCIPLES IN YOUR COMPANY AND THEIR TITLES:

Name: _____ Title: _____

Name: _____ Title: _____

Name of Bank: _____

Phone: _____ Fax: _____

Address: _____

Contact Person: _____

Trade References

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

In submitting this application, I agree to abide by the terms and conditions of Hatch Building Supply.

I hereby grant permission to release requested credit information to Hatch Building Supply.

Signature/Title: _____ Date: _____