



CREDIT APPLICATION

BILLING INFORMATION

Official Company Name _____
 Street Address _____
 City _____ State _____ Zip: _____
 Billing Address _____
 City _____ State _____ Zip _____
 Main Phone _____ Main Fax _____ A/P Fax _____
 Email Address _____ Please invoice by email

BUSINESS INFORMATION

Check One: Corporation LLC Partnership Sole Proprietor Government
 Subsidiary of, or Division of _____
 Years in Operation _____ Type of Business _____
 Federal Tax ID _____ Net Worth _____
 (or SSN if Sole Proprietor)
 D&B # _____ Annual Revenue _____
 President/CEO _____ Treasurer/Controller _____
 VP/Finance _____ A/P Manager _____

BANK INFORMATION

Bank _____ Contact Name _____
 Account No. _____ Phone _____
 Complete Address _____

TRADE REFERENCES

Company _____ Contact _____
 Phone No. _____ Fax No. _____
 Company _____ Contact _____
 Phone No. _____ Fax No. _____
 Company _____ Contact _____
 Phone No. _____ Fax No. _____

GENERAL PROVISIONS AND AUTHORIZATION

Payment is due and payable within 30 days of invoice date. Past due accounts are subject to a finance charge of 1.5% per month. Applicant agrees to pay all collection costs and legal fees incurred to collect delinquent balances. Applicant will notify us in writing if its business changes status in any way. Applicant authorizes the above listed Bank and Trade References to release information to HASP Online, LLC, and authorizes the checking of credit for use in evaluating this credit application.

Authorized Signature _____ Date _____
 Printed Name _____ Title _____

Please fax, email, or mail your completed credit application to:

HASP Online, LLC
 Attn: Accounting Department
 28215 Agoura Road, Suite 100
 Agoura Hills, CA 91301

Phone: (888) 539-HASP (4277)
 Fax: (877) 405-HASP (4277)
 Email: accounting@hasponline.com
 Web: www.hasponline.com