

CHECK IF ORDER  
CURRENTLY PENDING

# CREDIT APPLICATION FORM

Please fill in **COMPLETELY** in order to expedite approval process.

## PRODUCT INTEREST

Applying to purchase:  Tyvek®  Protec®

## CUSTOMER PROFILE

Business Name: \_\_\_\_\_ Principal Contact for certification process \_\_\_\_\_  
Bill to address: \_\_\_\_\_ (name and title): \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact for pricing & promotions: \_\_\_\_\_  
Website: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

## GENERAL INFORMATION

Purchasing Contact: \_\_\_\_\_ Credit Line Requested: \_\_\_\_\_  
Email: \_\_\_\_\_ *(If requesting more than \$10,000, you must include most recent copy of financial statements).*  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Set up my account as check in advance or credit card\*  
Payables Contact: \_\_\_\_\_ *\*Hallmark will not accept credit card payments toward the balance of an open line of credit. If you prefer to pay your orders via credit card at time of shipment, please check the box.*  
Email: \_\_\_\_\_ Date Business was established: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Ship to address: \_\_\_\_\_  
PO Number required?  Yes  No City: \_\_\_\_\_  
Job Number required?  Yes  No County: \_\_\_\_\_  
Tax Exempt?  Yes  No State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*If yes, you must enclose Exemption Certificate.*

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS TYPE

Corporation Taxpayer ID#: \_\_\_\_\_  Sole Proprietor Taxpayer ID#: \_\_\_\_\_  
President Name: \_\_\_\_\_ Sole Proprietor Name: \_\_\_\_\_  
President Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 Partnership Taxpayer ID#: \_\_\_\_\_ City: \_\_\_\_\_  
Partner Name: \_\_\_\_\_ % Owned: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Partner Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



**\*MAJOR TRADE REFERENCES** (must have email address to process)- Only needed if requesting open account

Trade references should be businesses you are currently on open account terms with. Large corporations typically will not share trade information. Providing references that will not share your information will only delay your application.

Supplier Name	Phone Number with area code	Email Address
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

**TERMS AND CONDITIONS OF ACCOUNT**

Payment Terms: For Tyvek® or Protec®: 1% 10, Net 30 days from date of invoice. Any non-standard payment terms will be listed on the quote.

**Conditions:**

- 1) Terms and Conditions of sale are found on your price list or the quote provided.
- 2) Applicant warrants that all statements on this form are true and correct and are made for the purpose of obtaining credit from Hallmark Building Supplies, Inc. (hereafter Hallmark). Applicant authorizes Hallmark to request credit information from the references herein list or from other sources pertaining to Applicant's financial responsibility. Applicant agrees to payment terms listed above based on the product/s purchased.
- 3) Submitted Financial Statement will be kept in the strictest confidence by Hallmark personnel.
- 4) Applicant further agrees to pay late payment penalty of 1.5% per month(18% annually) on any unpaid balance due. The applicant agrees to indemnify Hallmark for all expenses incurred in connection with collection of accounts payable, including court costs and attorney's fees.
- 5) In the event that open account is not extended, wire transfer, and credit card at time of shipment are available to obtain product. Call for details.
- 6) Sales Tax Exemption Certificates: A \$35 processing fee will be charged for sales tax credits issued if the sales tax exemption certificate is not provided with the credit app, or, if a project is tax exempt, the project exemption certificate was not provided at the time of order. If a request for a sales tax credit is received, and a valid sales tax exemption certificate is provided, Hallmark will review invoices for the last 60 days. If invoices on account exceed 60 days, it is the applicant's responsibility to contact the appropriate taxing authorities to request refund.
- 7) If an account is turned over to a collection agency for non payment, ALL fees Hallmark incurred must be paid to Hallmark prior to evaluating the account for future business.
- 8) **GOVERNING LAW. THIS AGREEMENT SHALL BE CONSTRUED AND INTERPRETED IN ACCORDANCE WITH, AND ALL DISPUTES HEREUNDER SHALL BE GOVERNED BY, THE LAWS OF THE STATE OF WISCONSIN, WITHOUT RESORT TO CONFLICT OF LAWS PRINCIPLES. YOU FURTHER IRREVOCABLY SUBMIT TO THE JURISDICTION OF THE STATE OR FEDERAL COURT LOCATED IN THE STATE OF WISCONSIN, COUNTY OF WAUKESHA, OVER ANY DISPUTE ARISING OUT OF OR RELATING TO THIS AGREEMENT. YOU HEREBY IRREVOCABLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY OBJECTION WHICH YOU MAY NOW OR HEREAFTER HAVE TO THE LAYING OF VENUE OF SUCH DISPUTE BROUGHT IN SUCH COURT OR ANY DEFENSE OF INCONVENIENT FORUM IN CONNECTION THEREWITH.**

By signing, you understand and agree to the terms above:

Full Name (printed or typed): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SECURITY PURPOSES, THESE FORMS CAN BE FILLED OUT, PRINTED AND  
EMAILED TO CREDIT@HLLMARK.COM OR FAXED TO 800-688-7842.  
CONFIDENTIAL INFORMATION WILL NOT BE SAVED OR STORED ELECTRONICALLY.**