



NEW CUSTOMER APPLICATION

SUBMIT FORM TO: Samantha Nerison, snerison@hodgecompany.com

COMPANY INFORMATION			
LEGAL NAME	SHIPPING ADDRESS		
BILLING ADDRESS	CITY	STATE	ZIP
CITY	STATE	ZIP	COUNTY
COUNTY	PHONE	FAX	
PHONE	FAX	YEAR FOUNDED	
FED ID	SIC CODE	# OF EMPLOYEES	
PREFERRED HODGE BRANCH	P.O. NUMBER REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL LOCATIONS			

TAX INFORMATION		
TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX RATE %	Please include a copy of tax exempt certificate if applicable.

MAIN CONTACT	ACCOUNTS PAYABLE
NAME	NAME
EMAIL	EMAIL
PHONE	PHONE
FAX	FAX

INVOICE PREFERENCE <input type="checkbox"/> EMAIL <input type="checkbox"/> USPS	INVOICE EMAIL
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Our terms are Net 10 days. Past due balances may be subject to finance charges of 1.8% per month.

INTERNAL USE ONLY

LEASE OPTION INFORMATION		
SELL PRICE \$	MONTHLY PAYMENTS \$	SERVICE RATE
LENGTH OF LEASE	PURCHASE OPTIONS (FMV, \$1, ETC.)	PM RATE