



171 West 7065 South - Midvale, UT 84047  
(800) 279-1906 ~ Fax (800) 335-8527

# Credit Application

- 1) Fill out the credit information
- 2) Fill out Personal Guaranty Agreement
- 3) Sign Authorization on Both Pages
- 4) Fax back both pages to H.W.P. Inc.  
Fax #: 800-335-8527

**CREDIT APPLICANT** (please print clearly)

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Corporation     
  Individual     
  Co-Partnership     
  Limited Partnership

State Contractor's License: \_\_\_\_\_ No. of Years Established: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_

**IF BILLING ADDRESS IS DIFFERENT FROM ABOVE PLEASE LIST BELOW**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BANKING AND CREDIT INFORMATION**

Bank Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Account: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_ Bank Zip Code: \_\_\_\_\_

CARD TYPE:   
  VISA   
  MASTERCARD   
  DISCOVER   
  AMERICAN EXPRESS

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Security Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**CREDIT CARD WILL BE CHARGED UPON SHIPPING**

**THE FINE PRINT!**

I have read the terms and conditions. I hereby authorize H.W.P. Inc. to charge my credit card upon shipment of my orders. **I also agree to the following:** I agree that any disputed charge, request for chargeback or adjustment will first be reported to H.W.P. Inc. within 45 days of the transaction. H.W.P. Inc. will have ten business days to resolve the dispute with your company. If I fail to dispute the charge, or request a chargeback within 45 days after payment, it constitutes a waiver of any right to chargeback the payment. In the event Customers' account is placed for collection, Customer agrees to pay all collection and/or attorney's fee and court costs.

Signature: (signer on card) \_\_\_\_\_ Date: \_\_\_\_\_



171 West 7065 South - Midvale, UT 84047  
(800) 279-1906 ~ Fax (800) 335-8527

# Personal Guaranty Agreement

- 1) Fill out the credit information
- 2) Fill out Personal Guaranty Agreement
- 3) Sign Authorization on Both Pages
- 4) Fax back both pages to H.W.P. Inc.  
Fax #: 800-335-8527

For and in consideration of the extension of credit to \_\_\_\_\_  
\_\_\_\_\_, hereinafter referred to as Buyer, by H.W.P. Inc., and other good and valuable considerations. I (or We), jointly and severally, do hereby agree to guarantee, and by these presents do guarantee, the payment of any and all bills for goods or merchandise sold to Buyer by H.W.P. Inc., when payment for such goods and merchandise shall be due.

It is understood that this Guaranty Agreement is to apply to any and all goods or merchandise sold to Buyer during the period beginning with the date hereof and extending to the time when written notice of the cancellation hereof shall have been received by H.W.P. Inc. by registered mail, and shall cover any such purchases made upon open account or evidenced by note or other instrument incurred during the period of this guaranty.

It is further understood that this guaranty shall not be waived or otherwise impaired by the extension of time for payment to Buyer or by any means other than the express agreement of the parties hereto.

This agreement shall endure to the benefit of the successors and assigns H.W.P. Inc. and shall be binding upon the successors and assigns of the guarantors.

In the event it becomes necessary to enforce the terms hereof, guarantors agree to pay all costs of collection, including a reasonable attorney's fees.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Signature

\_\_\_\_\_ Signature

(THIS IS A PERSONAL GUARANTEE. DO NOT INCLUDE COMPANY NAME OR ANY TITLE TO SIGNATURE. IF OPERATION IS A PARTNERSHIP, INCLUDE BOTH PARTNERS' SIGNATURES.)