

HB Brackets® 6625 SW 104th Street Oklahoma City, Oklahoma 73169

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New Account Application & Agreement

Please Mail or Fax to HB Brackets

Company Name: _____
Information: Corporation____Partnership____Proprietorship____LLC____Other____
Address:_____City:_____State:____Zip:____
Telephone () _____ Fax () _____
E-mail Address:_____Tax ID # _____
Type of Business: _____
Business Established: Month:_____Year:_____

Owner or Officers

Information: Name:_____Title:_____
Name:_____Title:_____

If sole owner

Please complete: Name:_____
Address:_____City:_____State:____Zip:____
Home Telephone: () _____

Bank

Reference: # 1 - Institution Name _____
Address:_____City:_____State:____Zip:____
Contact Name:_____Phone () _____
Checking Acc. # _____Savings Acc. # _____
2 - Institution Name: _____
Address:_____City:_____State:____Zip:____
Contact Name:_____Phone () _____
Checking Acc # _____Savings Acc # _____

Trade

Reference: # 1 - Company Name: _____
Address:_____City:_____State:____Zip:____
Contact Name:_____Phone () _____
2 - Company Name: _____
Address:_____City:_____State:____Zip:____
Contact Name:_____Phone () _____
3 - Company Name: _____
Address:_____City:_____State:____Zip:____
Contact Name:_____Phone () _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Name (Please Print) _____

Signature:_____Date: _____