



Toll Free - 1-800-4HOFFMAN

Main Office: 300 South Randolphville Road \* Piscataway, NJ 08854 \* Tel. 732/752-3600 \* Fax. 732/968-8371

CORPORATE INFO:

Legal Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ship to Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

Email Address \_\_\_\_\_ Years in Business \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

( ) Corporation ( ) Partnership ( ) Proprietorship ( ) LLC ( ) Other / Federal Tax I.D. # \_\_\_\_\_

Tax Exempt? ( ) No ( ) Yes / If YES, please attach certificate - Do you require Purchase Orders? ( ) Yes ( ) No

Accounts Payable Contact Name \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Contact Name \_\_\_\_\_ Tel. \_\_\_\_\_

PERSONAL INFO:

Owner/Officer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Requested Credit Line \_\_\_\_\_

BANK REFERENCES:

Bank Name	Account#	Telephone#	Fax #/ e-mail

EQUIPMENT DEALER/SUPPLIER REFERENCES:

Company Name	Account#	Telephone#	Fax#/ e-mail

CREDIT CARD AUTHORIZATION: I hereby authorize charges to my credit card for any and all past due balances including a 2% handling charge. If credit is extended, I hereby agree to allow charges to my credit card for any and all balances that exceed credit terms as agreed to herein.

Credit Card Issuer \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

AUTHORIZATION: I attest the foregoing information is complete and accurate. I authorize you to use credit-reporting agencies to obtain credit information regarding my account now and in the future. I agree that late charges will be assessed on past due balances at two percent (2%) per month.

GUARANTY: For good and valuable consideration, I personally guarantee payment for all goods, services, and rentals purchased from Hoffman International, Inc. and all indebtedness incurred by the above. I further agree to pay 30% collection charges, in the event of default, if the account is placed with an attorney or collector.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**\*REQUIRED: PLEASE PROVIDE LEGIBLE COPY OF SIGNEES DRIVER'S LICENSE\***

22 Peconic Avenue  
Medford, NY 11763  
Tel. 631/207-2900

2610 South Blackhorse Pike  
Williamstown, NJ 08094  
Tel. 856/875-0036

1144 Zerega Avenue  
Bronx, NY 10642  
Tel. 718/822-1180

1440 Route 9W  
Marlboro, NY 12542  
Tel. 845/236-3000