



# HEARTLAND

DISTRIBUTION & SUPPLY

Phone: 1-800-258-7345  
Fax: 1-785-543-6217  
sales@heartland-distribution.com

844 3rd Street - PO Box 543  
PHILLIPSBURG, KS 67661

## Application for Credit

Please submit Tax Exempt Certificate with Credit Application.

Firm Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Check One:** Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

### Officers, Partners and/or Principals

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Bank & Trade References

Bank Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Contact: \_\_\_\_\_ Account#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_

The above statement of information is made for the purpose of obtaining merchandise from Heartland Distribution & Supply on credit. This certifies the I/We have given permission to contact the above references for any credit information desired.

As part of this application, I/We agree terms of payment and understand that accounts which are 30 days or more past due are charged service charges as allowed according to state laws where the merchandise is delivered.

Signed: \_\_\_\_\_ By: \_\_\_\_\_

Full Name of Firm

Name & Title