



P: 1-800-443-4318
F: 1-800-863-7041

Application Status

- New Request
- Update Existing

NEW ACCOUNT & CREDIT APPLICATION

DISTRIBUTING

BILL TO:

Legal Company Name: _____ Nature of Business: _____

D.B.A.: _____ Year Established: _____

Street Address: _____ Type (check 1):

City: _____ County: _____ State: ____ Zip: _____ Corporation Partnership Sole Proprietorship

Phone: _____ Fax: _____

How would you like to receive invoices? (Choose 1)

Email Fax (Email/Fax#) _____

Do you need a catalog? Yes No How did you hear about us? _____

Broker Representative: _____

SHIP TO (If different then above)

Company Name: _____ Contact Person: _____

Street Address: _____ Title: _____

City: _____ County: _____ State: ____ Zip: _____ Phone: _____

Fax: _____

Officers, partners, _____
proprietors: _____
(Name and SSN) _____

Federal ID#: _____ D&B #: _____

****MUST COMPLETE CONTACT INFORMATION****

Sales Contact: _____ Phone: _____ Fax: _____

Email: _____ Receive Promos: Yes No

Service Contact: _____ Phone: _____ Fax: _____

Email: _____ Receive Promos: Yes No

A/P Contact: _____ Phone: _____ Fax: _____

Email: _____ Receive Promos: Yes No

*****TRADE CREDIT REFERENCES*****

If requesting credit terms please attach 4 credit references complete with phone and fax numbers.
Floor plan companies, credit card, additional bank references and personal references are NOT acceptable.

CREDIT CARD PAYMENTS: (COMPLETE CREDIT CARD AUTHORIZATION FORM!)

Charge my account all orders Charge my account until my credit is approved

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PAY ALL BILLS WHEN DUE INCLUDING REASONABLE SERVICE CHARGES AND ATTORNEY FEES IF COLLECTION ACTION IS REQUIRED. I UNDERSTAND AND AGREE TO ABIDE BY THE HOLIDAY HOUSE DISTRIBUTING CREDIT TERMS.

X Signature: _____ Date: _____

Fax To: 800-863-7041



Established 1981

HOLIDAY HOUSE DISTRIBUTING

PO BOX 1439 LAND O' LAKES FL 34639 • Phone (813) 929-0909 Fax (813) 929-9703
ORDER Lines: 800-443-4318 • Fax 800-863-7041
Web Site: www.hhdonline.com • E-mail: info@hhdonline.com

Credit Card Authorization Form

Dear Valued Customer,

Please fill out the following form and return it with your signature so that we may process your order.
I authorize Holiday House Distributing to charge my:

Visa: _____ MasterCard: _____ American Express: _____

Card#: _____ Expiration Date: _____

Validation Code: _____

(For VISA and MC it is the last 3 digits on the back of the card, for AMEX it is 4 digits on the front of the card)

Cardholders' Name: _____

Credit Card Billing Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Signature: _____

READ THE FOLLOWING THOROUGHLY

I understand that my signature on this form will serve in lieu of my authorized signature on the credit slip. I understand that once my order has been processed and shipped, I may not cancel my order. If I refuse my order once it has shipped, I agree to be responsible for all shipping charges both ways.

I understand that to cancel Automatic Charge to my credit card, I can simply call HHD and let them know. This signature guarantees all on-going credit card charges until cancelled. I understand that there are no refunds or returns on special orders.

I have read and understand the above conditions. The above information provided to Holiday House Distributing for charge purposes shall be held in strict confidence.

Signed: _____ Date: _____

Print Name: _____

Company Name: _____ Phone: _____

