



H-M COMPANY
LAUNDRY & DRY CLEANING EQUIPMENT
Since 1957

Credit Application

Please Return Completed Application to:
H-M Company
2305 Gilbert Avenue Cincinnati, Ohio 45206
Phone: 800-365-1900
Fax: 513-281-0572

Company Billing Information

Date: _____
Company Name: _____
Number of Years in Business: _____
DBA: _____
Type of Ownership: _____
(Corporation, Partnership, Individual, LLC)
D&B #: _____
Federal Tax ID #: _____
Sales Tax ID #: _____
Are you sales tax exempt: _____ NO _____ YES
(If YES- please include exemption certificate)
Billing Address: _____
City: _____
State: _____ Zip: _____ County: _____
Accounts Payable Contact: _____
Phone: (____) _____
Fax: (____) _____
Email: _____

Laundry Equipment Location

(If different from Company Billing Information)
Address: _____
City: _____
State: _____ Zip: _____ County: _____

Trade References

1. Company Name: _____	Contact Name: _____
Phone: (____) _____	Fax: (____) _____
Address: _____	City, State, Zip: _____
2. Company Name: _____	Contact Name: _____
Phone: (____) _____	Fax: (____) _____
Address: _____	City, State, Zip: _____
3. Company Name: _____	Contact Name: _____
Phone: (____) _____	Fax: (____) _____
Address: _____	City, State, Zip: _____

Bank Information

Bank Name: _____ Account Number: _____
Address: _____ Contact Person: _____
City, State, Zip: _____ Phone: (____) _____

I hereby authorize the above named bank and/or trade reference to provide information on my relationships to H-M Company and/or its agents.

Company Name: _____ Title: _____
Signature: _____ Date: _____
Printed Name: _____

*An incomplete application will delay processing.