

# Component Sales Division: NEW CUSTOMER REGISTRATION & CREDIT APPLICATION

HART Design 1940 Radisson Street, Green Bay, WI 54302

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INFORMATION FURNISHED  
WILL BE HELD IN STRICT  
CONFIDENCE  
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**Company** FULL LEGAL NAME: { END USER SUPPLIER/DISTRIBUTOR O.E.M./MANUFACTURER }

PHONE: FAX: TOLL FREE: WEBSITE:

PHYSICAL ADDRESS: CITY: STATE: ZIP: COUNTRY:

SHIPPING ADDRESS: CITY: STATE: ZIP: COUNTRY:  
SAME AS PHYSICAL

NATURE OF BUSINESS: YEAR EST.: { SOLE PROPRIETOR PARTNERSHIP CORPORATION } STATE IN WHICH INCORPORATED:

AVG. ANNUAL SALES: (OPT.) \$ CREDIT REQUESTED: (OPT.) \$ FEDERAL ID#: TAX EXEMPT#: EXEMPTION CERTIFICATE ENCL.

HAS THE BUSINESS EVER FILED BANKRUPTCY? NO YES, ON DATE(S): ARE ANY JUDGEMENTS UNSATISFIED OR LAWSUITS PENDING? NO YES, ON DATE(S):

LIST NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS, PARTNERS, OR OWNER(S):

1 NAME: TITLE: PHONE:  
ADDRESS: CITY: STATE: ZIP: COUNTRY:

2 NAME: TITLE: PHONE:  
ADDRESS: CITY: STATE: ZIP: COUNTRY:

PRINCIPAL BUSINESS BANK: BRANCH:  
BANK ADDRESS: CITY: STATE: ZIP: COUNTRY:

BANK CONTACT: PHONE: EXT: ACCOUNT#:

**Trade References** SEE ATTACHED TRADE REFERENCES DOCUMENT - OR - PLEASE COMPLETE ALL TRADE REFERENCES FIELDS (SEE PAGE 2)

**Accounts Payable** CONTACT:

EMAIL: PHONE: EXT: FAX:

INVOICES: PLEASE { EMAIL MAIL FAX } TO:

BILLING ADDRESS: CITY: STATE: ZIP: COUNTRY:  
SAME AS PHYSICAL

**Purchasing** PRIMARY CONTACT/PURCHASING MANAGER:

EMAIL: PHONE: EXT: FAX:

**Inquiries** Accounts Receivable (A/R): Peggy Mohnen [p\\_mohnen@hartdesign.com](mailto:p_mohnen@hartdesign.com) Business/Sales: Nicole Koss [n\\_koss@hartdesign.com](mailto:n_koss@hartdesign.com)

**Credit Terms** Sales as agreed upon, otherwise NET 30 days. Please pay from invoice.

A service charge of 1.5% per month (18.0% per annum), will be assessed on the past due portion of the account. In the event that outside collection efforts are necessary, the undersigned hereby agrees to pay reasonable collection costs, disbursements, and attorneys' fees.

I (We) certify that all the information on this form is correct, and that I (We) fully understand the terms and further agree to the complete payment in consideration of credit extended. I (We) authorize you to contact the references named above.

SIGNATURE: NAME: TITLE: DATE:

Please return completed form to Nicole Koss [n\\_koss@hartdesign.com](mailto:n_koss@hartdesign.com) and attach all necessary additional documents (references/exemption certificate).

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HART Design 1940 Radisson Street, Green Bay, WI 54302



CALL 920-468-5927 • STORE.HARTDESIGN.COM  
EMAIL PARTS@HARTDESIGN.COM

**Trade References** UNLESS YOU'VE ATTACHED A SUITABLE TRADE REFERENCES DOCUMENT, PLEASE LIST YOUR PRINCIPAL SUPPLIERS BELOW:

1 SUPPLIER:	CONTACT:	PHONE:			
ADDRESS:	CITY:	STATE:	ZIP:	COUNTRY:	
2 SUPPLIER:	CONTACT:	PHONE:			
ADDRESS:	CITY:	STATE:	ZIP:	COUNTRY:	
3 SUPPLIER:	CONTACT:	PHONE:			
ADDRESS:	CITY:	STATE:	ZIP:	COUNTRY:	

**Sanitary Products You Sell/Use** THE MORE WE KNOW ABOUT YOU, THE BETTER WE MAY SERVE YOU; PLEASE CHECKMARK THE ITEMS YOU PROCURE AND/OR SHARE A BRIEF NOTE BELOW:

FITTINGS/INSTALLATION MATERIALS

NOTES ON ADDITIONAL ITEMS YOU PROCURE AND/OR ADDITIONAL INFORMATION RELATED TO YOUR PURCHASING NEEDS:

GASKETS

PUMPS (CENTRIFUGAL/POSITIVE)

VALVES (SANITARY/UTILITY)

SPRAY DEVICES/ROTARY JET HEADS (TANK CLEANING EQUIPMENT)

MANWAYS/COVERS/WEIGH SYSTEMS (TANK ACCESSORIES)

MOTORS/GEAR REDUCERS (POWER TRANSMISSION)

FILTERS/STRAINERS (SEPARATION)

STEAM & CONDESATE

HEAT EXCHANGERS

SENSORS/INDICATORS (CONTROL & MONITORING)

SPARES PARTS (VALVE STEMS, SHAFT SEALS, PLATES, ETC.)

SEAL/CONVERSION/SERVICE KITS

MAINTENANCE/SERVICING

**Promotional Emails** If HART Design's Component Sales Division emails new product information, special sales, or unique stock availability – which email addresses would you like signed up to receive our component news?

Please return completed form  
to Nicole Koss [n\\_koss@hartdesign.com](mailto:n_koss@hartdesign.com)  
and attach all necessary additional documents  
(references/exemption certificate).