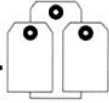




P.O. BOX 541207 • CINCINNATI, OH 45254  
 (513) 752-4311 FAX (513) 752-3875  
 1-800-752-5765



# CREDIT APPLICATION

## BUSINESS INFORMATION

|  |  |  |  |
|--|--|--|--|
| Company name                                       |  | Year business commenced  |  |
| Phone  |  | Years at current location  |  |
| Fax  |  | <input type="checkbox"/> Sole proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Other |  |
| E-mail   |  |  |  |
| Registered company address<br>City, State ZIP Code |  |  |  |

## BANK INFORMATION

|                                 |  |                |  |
|---------------------------------|--|----------------|--|
| Bank name                       |  | Contact person |  |
| Address<br>City, State ZIP Code |  | Phone          |  |

## BUSINESS/TRADE REFERENCES

|                                 |  |        |  |
|---------------------------------|--|--------|--|
| Company name                    |  | Phone  |  |
| Address<br>City, State ZIP Code |  | Fax    |  |
|                                 |  | E-mail |  |
| Company name                    |  | Phone  |  |
| Address<br>City, State ZIP Code |  | Fax    |  |
|                                 |  | E-mail |  |
| Company name                    |  | Phone  |  |
| Address<br>City, State ZIP Code |  | Fax    |  |
|                                 |  | E-mail |  |

## SIGNATURE

By submitting this application, you authorize Hawks Tag to make inquiries into the banking and business/trade references that you have supplied.

|                |  |
|----------------|--|
| Signature      |  |
| Name and Title |  |
| Date           |  |

Please return application via fax (513) 752-3875 or email [ar@hawkstag.com](mailto:ar@hawkstag.com)