____ HAMMONDS TECH. SVCS. ____ HAMMONDS FUELS _____ HAMMONDS WATER TRMT.

CREDIT APPROVAL

DATE:

CUSTOMER: ADDRESS:	PHONE: FAX: CONTACT:

REFERENCE:				
PHONE#				
FAX#				
DATE OPENED				
CREDIT LIMIT				
TERMS				
HIGH CREDIT				
CURRENT BALANCE				
DATE OF LAST SALE				
PAY HISTORY / DAYS				
OTHER COMMENTS				
OUR COMMENTS				
TALKED TO				

CREDIT LIMIT: _____

$ APPLIED FOR: _____

$ GRANTED: _____

APPROVED BY: _____ DATE: _____

COMMENTS: _____

_____

REVIEWED BY: HTS/MLF _____ HFA/MLF _____ SALESMAN: _____

AD: _____ CONTACT: _____ EMAIL: _____ ORDER: _____ PHONE: _____

HAMMONDS TECHNICAL SERVICES
910 Rankin Road • Houston, Texas 77073 • (800) 582-4224 • Fax (281) 847-1857
www.hammondscos.com

CREDIT INQUIRY

Attn: _____ Date Faxed: _____

Company Name:_____ Attachment: _____

Subject: _____ Total Pages Sent: _____

HAS APPLIED TO US FOR CREDIT AND GIVEN YOUR COMPANY AS A TRADE REFERENCE. PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THEIR CREDIT HISTORY WITH YOUR COMPANY. THANK YOU.

Signed _____
DIANNA SWANN

Opened: _____ Account Terms:_____

Credit Limit: _____ Recent High Credit: _____

Current Balance: _____ Days Past Due: _____

Pay History: Prompt _____ Per Terms _____ Slow _____

Date of Last Sale: _____

Completed By: _____

Comments:

_____

_____

Please Reply: ❑ Yes ❑ No Via: ❑ Phone ❑ Fax ❑ Letter