



P.O. Box 768  
Newport Beach, CA 92661  
(816) 924-5884 (p), (816) 924-1453(f)  
www.usahazmat.com

**Customer Application  
Hazmat Contact:**

Legal Name of Business: \_\_\_\_\_  
Parent Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ AP Email: \_\_\_\_\_  
Authorized Buyer: \_\_\_\_\_ Are Po's Required: Yes: NO:  
Legal Entity:  
Corporation:        LLC:        Partnership:        Sole Proprietorship:  
Corporation#: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
Principal Owner (1) Name/Title: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Principal Owner (2) Name/Title \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_  
Type of Terms Requested:  
Net 30:        Monthly CC Billing:        Individual Invoice CC Billing:        C.O.D:  
Amount of Monthly Credit Desired: \$ \_\_\_\_\_

**Banking and Trade References:**

Name of Bank: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
City: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Trade Reference (1) Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_  
Trade Reference (2) Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_  
Trade Reference (3) Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ PH: \_\_\_\_\_ Fax: \_\_\_\_\_

**Default Agreement:**

Payment terms are COD, with a grace period of 30 days without neither interest nor finance charges being applied. In the event vendor (Hazmat, Inc) invoice is not paid within the terms all discounts will be immediately revoked, all unpaid invoices and future remittances will be recalculated using the prevailing fee structure.

Should it become necessary to pursue any delinquent obligation, the customer agrees to pay all costs and fees expended or charged as part of cost recovery. At the discretion of the vendor, interest will be charged on delinquent accounts at the rate of 1.5% per month. In the event of a dispute or litigation between the parties, it is hereby agreed that jurisdiction and venue shall vest in San Bernardino County, California at the sole discretion of the vendor. All other venues are hereby expressly waived.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**Personal Guaranty**

The undersigned agrees to act as personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Organization, Person or Corporation who have signed this application. Guarantor recognized, understands and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

Guarantor: \_\_\_\_\_ Guarantor: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_