



**APPLICATION FOR
COMMERCIAL
ACCOUNT**

12500 Castlebridge Bldg D
Houston TX 77065
(T) 281-890-8290

BUSINESS CONTACT INFORMATION

Company Name	
Contact	Title
E-mail	Phone
Address	
City/State/Zip	

BUSINESS FACTS

Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Other <input type="checkbox"/>
Federal Tax ID No.	Duns No.	Years in Business		
Have you ever filed bankruptcy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, when	

CORPORATE OFFICER INFORMATION

Name
Title
SSN
D/L – State & No.
Tax Exempt Yes <input type="checkbox"/> No <input type="checkbox"/>

ACCOUNTS PAYABLE INFORMATION

Primary Contact
Phone Number
Email Address
Purchase Order No. Required Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes please submit proper forms and numbers</i>

BUSINESS/TRADE REFERENCES

Name	Address	Email Address
1.		
2.		

BANKING

Bank Name	Phone Number
Address	
City/State/Zip	
Checking Acct Number	Routing Number

INSURANCE

INSURANCE IS THE RESPONSIBILITY OF THE RENTER TO MAKE GOOD TO THE OWNER ALL LOSS OR DAMAGE TO EQUIPMENT. ACCORDINGLY, RENTER MUST HAVE ADEQUATE INSURANCE COVERAGE IN OPERATION

Insurance Company	Phone Number
Policy Number	Policy Renewal Date
Policy Type	Policy Cover

THE UNDERSIGNED ("PURCHASER/LESSEE") AGREES THAT ALL PURCHASES MADE BY ("PURCHASER/LESEE") FROM HTS ADVANCED SOLUTIONS, LLC. ("SELLER/LESSOR") ARE SUBJECT TO HTS ADVANCED SOLUTIONS, LLC TERMS AND CONDITIONS. A COPY OF OUR TERMS & CONDITIONS CAN BE FOUND HERE: <https://hts-3d.com/docs/HTS-Advanced-Solutions-LLC-Terms-&-Conditions.pdf>

IN MAKING THIS APPLICATION FOR COMMERCIAL CREDIT, I/WE UNDERSTAND AND AGREE TO THE TERMS OF PAYMENT: NET 30 DAYS. SERVICE CHARGE OF 1 ½ % PER MONTH, ON ALL INVOICES/CONTRACTS NOT PAID WITHIN 30 DAYS

THE UNDERSIGNED CONFIRMS THAT IT OR ANY OF ITS SUBSIDIARIES ARE NOT LISTED ON ANY DENIED PARTIES LIST AND WILL NOTIFY HTS ADVANCED SOLUTIONS, LLC SHOULD THIS OCCUR

OFFICERS SIGNATURE	TITLE
PRINT OFFICERS NAME	DATE