

Site Address:

HC Associates Inc.
282 South Church St., Hazleton, PA



HC Associates Inc.

Corporate Headquarters:

HC Associates Inc.
4000 4th Street Moosic, PA 18507
Telephone: 570-207-2000 ext.101
Email: Info@HCAssociates.org

RETURN BY EMAIL TO: Accounting@HCAssociates.org
Telephone: 570-207-2000 ext.122

Applicant

Legal Business Name: _____

(List all Trade Names, DBA's; Divisions or Subsidiaries) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Billing/Shipping Information

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Preferred Payment Method: ACH _____ Check _____ Credit Card _____ Other _____

Describe Nature of Business: _____

1. Type of business entity: Corporation _____ Partnership _____ Proprietorship _____ Other _____

Employer I.D. # _____ State and Date of Incorporation: _____

If not a Pennsylvania Corporation, is it registered to do business in Pennsylvania? Yes _____ No _____

2. Officers/Partners/Owners

Owner/President: _____ SS#: _____

Home Address: _____

Partner/Vice President: _____ SS#: _____

Home Address: _____

Partner/Secretary: _____ SS#: _____

Home Address: _____

3. Accounts Payable Contact: _____ Telephone #: _____

4. Bank Reference

Name: _____ Contact: _____

Address: _____

Telephone _____ Acct# _____

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5. Supplier References

Company Name: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

6. Personal Guarantee

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness by the above. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned may be affiliated. If a default in the term of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 30% collection charge on the entire unpaid balance. The undersigned authorizes you or your authorized agent, to verify any of the above information now or in the future, and/or obtain additional information by securing data from a credit reporting agency.

Signed: _____ Witness: _____ Date: _____
first guarantee

Signed: _____ Witness: _____ Date: _____
second guarantee