## CREDIT

If Questions Call 281-497-2218

> or 1-800-659-7994



Please Fax Application To: 281-497-8760 And Return Original By Mail: P.O. Box 218860

			SM	Houston, Texas 77218	
COMPANY NAME				FOR HMS USE ONLY	
STREET ADDRESS				PHONE NUMBER	
CITY	STATE	ZIP	☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION	FAX NUMBER	
BILLING ADDRESS (IF DIFFERENT)				HOW LONG IN BUSINESS	
CITY	STATE	ZiP	TYPE OF S	TYPE OF SERVICE OR PRODUCT	
FULL NAME OF PERSON AUTHORIZING ACCOUNT				TITLE	
TRADE REFERENCES  1)  2)  7)  7)  FOR USE AS   PRIMARY CARRIER   SECO		PHONE NUMBER  NOATY BACKUP CARRIER		ACCOUNT NUMBER	
	OUT HOUR MESSENGER				
date. Delinquent a schedule, please schedule, we will d	ccounts will be subjectill in the blank below consider your account	t to interest at the rate with information rega overdue seven days a	upon receipt, and become dele e of 18% per annum. If your pur rding your payment schedule, after the date(s) specified below the date (s) specified below s, and responsibility for payment.	ocedures cannot adapt to this If we agree to abide by you w.	
Date	Date Signature		Title	Title	