

APPLICATION FOR COMMERCIAL ACCOUNT

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

BUSINESS C	ONTACT INFO	RMATION
Company Name		
Contact	-	Title
-mail Phone		
Address		
City/State/Zip		
BU	SINESS FACT	S
Proprietorship	oration 🗌	LLC Other
Federal Tax ID No. Duns No.		Years in Business
Have you ever filed bankruptcy Yes ☐ No ☐	If Yes, wher	 I
CORPORATE OFFICER INFORMATION	ACCOUNTS	PAYABLE INFORMATION
Name	Primary Contact	
Title	Phone Number	
SSN	Email Address	
D/L – State & No.	Purchase Or	der No. Required Yes 🗌 No 🗌
Tax Exempt Yes No	If Yes plea	se submit proper forms and numbers
BUSINESS	/TRADE REF	RENCES
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 RENTE EQUIPMENT. ACCORDINGLY, RENTER MUST HAVE A		
Insurance Company		Phone Number
Policy Number		Policy Renewal Date
Policy Type		Policy Cover
THE UNDERSIGNED ("PURCHASER/LESSEE") AGREES HTS ADVANCED SOLUTIONS, LLC. ("SELLER/LESSOR AND CONDITIONS. A COPY OF OUR TERMS & CONI https://hts-3d.com/docs/HTS-Advanced-Solutions-LL	a") ARE SUBJEC DITIONS CAN I	TTO HTS ADVANCED SOLUTIONS, LLC TERMS BE FOUND HERE:
IN MAKING THIS APPLICATION FOR COMMERCIAL C PAYMENT: NET 30 DAYS. SERVICE CHARGE OF 1 $\ensuremath{\mathcal{V}}_2$ WITHIN 30 DAYS		
THE UNDERSIGNED CONFIRMS THAT IT OR ANY OF LIST AND WILL NOTIFY HTS ADVANCED SOLUTIONS		
OFFICERS SIGNATURE		TITLE
PRINT OFFICERS NAME		DATE