



HAMMAD ENTERPRISES, INC.

129 NW 25TH Terrace, Bay-C

Ft Lauderdale, fl 33311

Tel: 954-585-8511 / Fax: 954-585-8547

Date:	Sales Office:	Sales Person/Aspen#	Type of business:	
			Sole Propriet.()	Partnership ()
			Corp. ()	
Legal Name of Applicant			In Business Since	Duns#
Trade Name(s) if any			Class of trade	Federal tax#
If a Division or subsidiary of other company, provide name and address of parent company				State Incorporation
Street Address		City/ State/ Zip		Phone Number
Mailing Address		City/ State/ Zip		Phone Number
Owner/ President Name	Home Address	Home Phone #	SS#	
Officer's Name	Home Address	Home Phone #	SS#	
Officer's Name	Home Address	Home Phone #	SS#	
Credit Line Request	Financial Statement Attached? Yes () No ()	Estimate Monthly Purchase	Amount of Pending Order	
Trade References (form will be returned unless complete address and phone number are shown)				
1.) Name		2.) Name		
Address		Address		
City/ State/ Zip		City/ State/ Zip		
Phone #	Fax#	Phone #	Fax#	
3.) Name		4.) Name		
Address		Address		
City/ State/ Zip		City/ State/ Zip		
Phone #	Fax#	Phone #	Fax#	
Bank References (form will be returned unless complete address and phone number are shown)				
1.)Bank Name		1.)Bank Name		
Contact Name		Contact Name		
Address		Address		
City/ State/ Zip		City/ State/ Zip		
Checking Account#		Checking Account#		
Saving Account#		Saving Account#		
Loan Account #		Loan Account #		
Phone #	Fax#	Phone #	Fax#	

Default Agreement: The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize Hammad Enterprise, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability and willingness to pay invoices according to the term of sale established by Hammad Enterprises, Inc. or its subsidiaries. In the event payment is not made, I/We pay all responsible cost of collection including all reasonable attorney's fees and court costs.

Authorized Applicant's Signature, Title and Print Name:

X _____

Date: _____