



HOUSTON HOSE & SPECIALTY CO.

P.O. BOX 262343
HOUSTON, TEXAS 77207
(713) 641-0901 FAX (713) 641-0910
SALES: FAX (713) 641-2385

_____ PENDING ORDER _____ QUOTATION _____ COD PURCHASES

APPLICATION FOR OPEN ACCOUNT

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

INTERNAL USE ONLY	
DATE APPLIED:	_____
DATE APPROVED:	_____
CREDIT LIMIT:	_____
PREPARED BY:	_____

TAX EXEMPT: _____ YES _____ NO TAX EXEMPT NO.: _____

TELEPHONE # _____ FAX # _____ A/P # _____

ACCTS PAYABLE MGR.: _____ A/P FAX # _____

_____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL

DATE ESTABLISHED: _____ NATURE OF BUSINESS: _____

NAMES OF OWNERS, PARTNERS OR OFFICES OF COMPANY

_____ PHONE NUMBER: _____

_____ PHONE NUMBER: _____

_____ PHONE NUMBER: _____

BANK REFERENCES:

NAME: _____

PH # _____ FAX# _____

ACCT NUMBER: _____

BANK REFERENCES:

NAME: _____

PH #: _____ FAX # _____

ACCT NUMBER: _____



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TRADE REFERENCES:

- 1) _____ PHONE # _____ FAX # _____
- 2) _____ PHONE # _____ FAX # _____
- 3) _____ PHONE # _____ FAX # _____
- 4) _____ PHONE # _____ FAX # _____
- 5) _____ PHONE # _____ FAX # _____
- 6) _____ PHONE # _____ FAX # _____

PURCHASING DEPT:

PURCHASING SUPERVISOR: _____ PURCHASE ORDER NUMBERS
REQUIRED? YES NO

AUTHORIZED BUYERS:

- 1) _____ 3) _____
- 2) _____ 4) _____

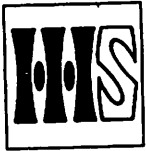
PLEASE READ THE FOLLOWING INFORMATION BEFORE SIGNING BY OFFICER.

TOTAL PAYMENT IS DUE WITHING 30 DAYS FROM DATE OF INVOICE. HOUSTON HOSE & SPEC. RESERVES THE RIGHT TO IMPOSE A SERVICE CHARGE OF 1 1/2% PER MONTH (18% ANNUALLY) ON PAST DUE AMOUNTS, WHICH CUSTOMER AGREES TO PAY. IN EVENT SUCH TOTAL PAYMENT IS NOT PAID WITHIN 60 DAYS OF INVOICE DATE, THE SERVICE CHARGE WILL BE IMPOSED AND THE ACCOUNT WILL BE PLACED ON A C.O.D. BASIS. CUSTOMER FURTHER AGREES TO PAY COSTS OF COLLECTION INCLUDING ATTORNEY'S FEE.

NOTE: SIGNATURE BELOW AUTHORIZES CREDIT INFORMATION TO BE RELEASED FROM THE REFERENCES LISTED ABOVE.

DATE: _____ SIGNATURE : _____

PLEASE REMIT TO: HOUSTON HOSE & SPECIALTY CO.
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Customer Release Authorization Form

Bank Name : _____

Address : _____

Telephone number : _____

Fax number : _____

Attention : _____

Please release account information pertinent in establishing an open account with
Houston Hose & Specialty Co., Inc.

Account number : _____

Company Name : _____

Address : _____

Telephone number : _____

Approved by : _____

Title : _____

Date : _____

If you do not receive this page in its entirety, please contact our office at (713) 641-0901.

Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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Houston Hose & Specialty has provided the option for our customers to accept their INVOICES via fax or email.

We regret to inform you that we were unable to send your invoice through your fax / email.

If your information has changed, please update the form below and fax it back to our Accounts Receivable Department @ 713-641-0910.

Company Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Contact Name: _____

If you have any questions regarding this matter, please contact me directly @ 713-641-0901 or email: debra@houstonhose.com

Sincerely,

Debra Nicholson

Office Manager