

# APPLICATION FOR ACCEPTANCE OF COMPANY CHECK FROM OUR WEBSITE



**HAINES ENTERPRISES INC**  
 85D SOUTH HOFFMAN LANE  
 ISLANDIA, NEW YORK 11749  
 TEL: 800.634.2958 - FAX: 631.348.1770

**Note: ALL FIRST TIME ORDERS ARE SHIPPED C.O.D. CASH OR CERTIFIED CHECK ONLY**

COMPANY NAME				
ADDRESS		CITY	ST	ZIP
PHONE		FAX		
BUYER		YRS IN BUSINESS	YRS AT ADDRESS	
WEBSITE?		E-MAIL		
<b>COMPANY OWNERSHIP</b>				
<b>OWNERSHIP TYPE CHECK ONE</b>	CORPORATION	CORP LESS THAN 12 MONTHS?	PROPRIETORSHIP	PARTNERSHIP
FEDERAL ID# or if PROPRIETORSHIP SS#		NY STATE RESALE# (IF IN NY)		
OFFICER/TITLE	home ADDRESS/CITY/ST/ZIP		home PHONE	
OFFICER/TITLE	home ADDRESS/CITY/ST/ZIP		home PHONE	
<b>TRADE REFERENCES</b>				
BUSINESS NAME	PHONE	CONTACT	CITY/ST/ZIP	
	FAX			
BUSINESS NAME	PHONE	CONTACT	CITY/ST/ZIP	
	FAX			
BUSINESS NAME	PHONE	CONTACT	CITY/ST/ZIP	
	FAX			
<b>BANK REFERENCE</b>				
BANK	CONTACT		ACCOUNT#	
ADDRESS		CITY/ST/ZIP		
PHONE		FAX		
<b>CREDIT CARD INFORMATION</b>				
CARD#	EXP		CVV	
NAME ON CARD				

**RETURNED CHECKS:** Returned checks will cause your account to be placed on credit hold until the check is made good. There is a \$20.00 charge for any returned checks.

**FREIGHT:** Call for Information 800.634.2958

**REFUSALS:** Unless mitigating circumstances arise, refused shipments will cause your account to be placed on a prepaid basis. Reshipped orders will have additional freight charges added.

**FREIGHT CLAIMS:** All shipments must be inspected within **24 HOURS** of receipt. If damaged or broken items are found, you must notify us within the **3 DAYS**.

**WARRANTY:** We offer the manufacturers warranty against manufacturers defects on all products. However **we do not warranty broken glass or damaged products.**

Xenon bulbs and batteries are warranted for 30 days.

**DEFAULT:** If the purchasing company does not pay the balances when due or breach any other terms of this agreement, we may demand the entire unpaid balance to be paid immediately and, as provided by law, commence legal action for collection of the balance due. We may also pursue any other legal action deemed necessary or appropriate with respect to the account. I agree to pay reasonable attorney's fees and court costs allowed by law. I as signatory may and could be held personally responsible for all debts incurred by the company.

AUTHORIZED

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE

Terms:	Credit Limit	Approved/Date
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