



# Request For Information To Secure Sales Credit

**MAIL TO: HAECO**  
6504 Snider Road  
Loveland, OH 45140

**OR FAX TO: (513) 722-1032**

**DATE:** \_\_\_\_\_

**Bill TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHIP TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE REFERENCES:**

1. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

2. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

3. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**BANK REFERENCE:**

1. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**Name and Telephone Number of:**  
**Purchasing Agent:** \_\_\_\_\_ **Phone#** ( ) \_\_\_\_\_

**Person Responsible of Paying Invoices:**  
\_\_\_\_\_ **Phone#** ( ) \_\_\_\_\_

**\* After receipt of our invoice, we expect payment according to our sales payment terms, NET 30 days from the date of invoice. \***

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

HAECO (Henline Adhesive Equipment Co., Inc.) is available to help purchasers obtain best results from the products we sell, and recommendations are based on tests and information believed to be reliable. However, we have no control over the conditions under which these products are transported to, stored, handled, or used by purchasers and in any event, all recommendations and sales are made on condition that we will not be held liable for any damages resulting from their use. No representative of ours has any authority to waive or change this provision.