

# *H.R.K. Group, Inc.*

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## **Credit Application**

The information given in the form below will be held strictly confidential,  
Transmission of information in secure

### Company information

Company name :

Address :

Phone :

Fax :

Number of years :  
in business

President/ owner:  
Purchasing manager:

Tax ID :

Seller's permit :

### Bank information

Bank name :

Address :

Phone :

Fax :

Checking account #

in the event of non payment of account by the applicant, the undersigned agrees to pay all reasonable costs of collection including attorney fees, and interest expenses at 1.5%per month. It is specially understood that all billing account receivable and credit function of *H.R.K. Group inc*, are processed in the county of Los Angeles, California, the applicant further understands that all rights to litigates outside of Los Angeles county are hereby waived . we hereby authorize *H.R.k. Group inc*,to obtain a credit rating on our company for the purpose of line of establishing line of credit

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Print name

authorized signature

date

2833 Leonis Blvd, Suite #204  
Vernon, CA90058

*sales@hrkgroupinc.com*

*Tel – 323-826-9508*  
*Fax- 323-826-9509*

# H.R.K. Group, Inc.

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## **Trade reference**

Name #1 Address  Phone Fax Email ID	
Name #2 Address  Phone Fax Email ID	
Name #3 Address  Phone Fax Email ID	
Name #4 Address  Phone Fax Email ID	
Name #4 Address  Phone Fax Email ID	

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