

Hello Mrs. Riggins.

Here is the contractor CARD Application
you requested. Please fill it out completely
and fax it back to 1-740-389-3071
Send it in c/o Rodger Solomon in the
Contractor Sales Department.

Thank you very much

If you have any questions please feel free
to call me at 1-740-396-0443

Merchants Contractor Card Application

HSBC Retail Credit (USA) Inc. requires that all requested documentation be received before the application process begins. Should you have any questions, please call 1-888-323-6157. If credit line requested is greater than \$50,000 or if no personal guaranty is given, you will be required to submit your best financial statement or most recent tax return. If business entity is a tax-exempt organization, please provide tax exempt documentation. Using blue or black ink, please complete all sections of the application, including the Personal Guaranty section if necessary; include the requested financial information, and MAIL OR FAX TO HSBC BUSINESS SOLUTIONS, P.O. BOX 4150, CAROL STREAM, IL 60107-4150, FAX # 1-800-808-3280.

Credit Line Requested _____
 Federal Tax ID (FEIN) _____
 Business Type (Select One):
 Sole Proprietorship
 Limited Liability Company
 Partnership
 Property Management

Business Name (Maximum 26 characters) _____
 DBA (Doing Business As) _____
 Business Contact E-Mail Address _____
 Business Physical Address (P.O. Box addresses will not be accepted) _____
 City _____ State _____ Zip _____
 Business Billing Address (if different) _____
 City _____ State _____ Zip _____

Business Phone # _____
 Billing Contact Name _____
 Billing Contact Phone # _____
 Parent Company Name (if applicable) _____
 Parent Company Address _____
 City _____ State _____ Zip _____
 Year Business Established (YYYY) _____
 Number of Employees _____

First Name _____ Middle Initial _____ Last Name _____
 Date of Birth _____
 Home Address (if different than business physical address) _____
 City _____ State _____ Zip _____
 Home Phone _____ Social Security Number _____
 Annual Income _____
 Signature _____
 Printed Name _____
 Title _____

(For Store Use Only) ORG # _____ STORE # _____ ACCOUNT # _____ REFERENCE # _____
 I.D. #1 Photo ID Type: _____ I.D. #2 Type: _____ I.D. Verified by: _____
 Exp. Date _____ State _____

CREDIT LINE \$ _____