



HANSEN

SOFTWARE CORPORATION

DEALER CREDIT APPLICATION

Please complete this form and fax it to our office at **(250) 861-9177**.

Company Trade Name	
Registered Legal Name	
Length of Time in Business	
Accounts Payable Contact	
Credit Card Information	Number: Expiry Date: Cardholder's Name:
Street Address	
City	
State or Province	
Zip or Postal Code	
Telephone Number	
Fax Number	
Toll Free Number	
Email Address	

Hansen Software Corporation requires that a Product Order form be completed and faxed to our office at (250) 861-9177 for each order. The first order placed must be paid for in advance using VISA, MasterCard or American Express, or a check sent by courier to our office. All future orders are granted 30-day net payment terms. The above-noted credit card information will be used to process payment on invoices that are 30 days overdue.

I accept the above-noted terms and conditions: _____

Signature

Thank you!