



Fax or E-mail to:
Finance Department
Fax: 808-943-3599
Email: mmeyer@hccaeg.com

CREDIT APPLICATION

Date of Event: _____

Licensee (Name of Company, Corporation, Organization or Individual)

Address	City	State	Zip Code
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Telephone Number	Fax Number		

Principal Owners, Officers, and/or Directors (List Names and Titles):

Name and Title of Person Who Will Execute License Agreement:

Name	Title	Telephone Number/Fax Number
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Credit References:

Name	Address	Telephone Number/Fax Number
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Name	Address	Telephone Number/Fax Number
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Name	Address	Telephone Number/Fax Number
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Name	Address	Telephone Number/Fax Number
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Bank Reference:

Name	Address	Telephone Number/Fax Number
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Branch Location	Checking/Savings Account Number	Contact Person
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Authorized Signature on File with Bank	Title	Date
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