



APPLICATION FOR CREDIT

Account Name _____ Phone Number _____
Address _____ Fax Number _____
City _____ State _____ Zip _____
____ Corporation _____ Partnership _____ Sole Proprietorship
Accounts Payable Contact _____ Year Established _____

TRADE REFERENCES

1. Company _____ Fax # _____
Address _____ Phone _____
City _____ State _____ Zip _____
Account No. _____ Contact _____
2. Company _____ Fax # _____
Address _____ Phone _____
City _____ State _____ Zip _____
Account No. _____ Contact _____
3. Company _____ Fax # _____
Address _____ Phone _____
City _____ State _____ Zip _____
Account No. _____ Contact _____
4. Company _____ Fax # _____
Address _____ Phone _____
City _____ State _____ Zip _____
Account No. _____ Contact _____

*Please include Fax numbers for all references.

BANK REFERENCES

Bank Name _____ Phone Number _____
Bank Address _____
City _____ State _____ Zip _____
Account Number _____

PLEASE DO NOT CHARGE US TAX!! WE HAVE A RESALE NUMBER

We will fax you a resale card to fill out for California. Without a resale card on file tax will be charged.

Number _____

We certify that the above information is true and correct. We can comply with the terms of Access Hardware

Date _____ Signature _____

Access Hardware Supply
14359 Catalina Street
San Leandro, CA 94577
Phone: 510 483-5000 Fax: 1-800-435-8233