



Credit Application

Company Name: _____
 Billing Address: _____
 City, State, & Zip: _____
 Phone #: _____
 Fax #: _____
 Accounts Payable Contact & Email: _____

Federal Tax ID# _____ Resale #: (If applicable): _____
 Year Established: _____ Line of Credit Requested: \$ _____

Company Type (Check one): _____ Corporation _____ Partnership _____ Sole Proprietorship

Invoice Delivery Method (Check one): _____ Email _____ USPS Mail
 Email Address for Invoices: _____

Trade References

Please include the Fax # for all references.

Company Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____
 Email: _____ Fax #: _____

Company Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____
 Email: _____ Fax #: _____

Company Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____
 Email: _____ Fax #: _____

Bank Reference

Bank Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____
 Email: _____ Fax #: _____

We certify that the above information is true and correct. We can comply with the terms of Access Hardware. By the signature of the applicant (office, principal, owner or partner) you hereby authorize Access Hardware Supply to run a full investigation of your credit history, including, but not limited to, obtaining a consumer credit report.

Signature: _____
 Date: _____

Please return completed application to jgregory@accesshardware.com or fax (510) 483-4500.