**Credit Application**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Federal Tax ID# |  | CA Resale # (If applicable):  | CA Resale Form Required |
| 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** **ar@accesshardware.com****.**