

Hardware Wholesale
Mailing Address:
PO Box 2197
Poulsbo, WA 98370
Fax: (360) 779-8890
Ph: (360) 779-8814



For Internal Use Only
SR _____
PL _____
AG _____

CREDIT APPLICATION

Date _____ Company Name _____

Physical Address _____

Mailing Address _____

Phone _____ Fax _____

Cell Phone _____ Email _____

DBA/AKA _____ Bonding Co. _____

Contractor Lic. No. _____ Bond No. _____

Proprietorship _____ Partnership _____ Corporation _____ Other _____

If Incorporated, under laws of what state? _____ Year Established _____

Principals (please give name, home address, home phone, and social security number)

Name _____ Name _____

Address _____ Address _____

SSN _____ Phone _____ SSN _____ Phone _____

Do you pledge or borrow on accounts receivable? _____ From Whom? _____

Principal Bank _____ Secondary Bank _____

Address _____ Address _____

Branch _____ Branch _____

Phone _____ Phone _____

Acct. No. _____ Type _____ Acct. No. _____ Type _____

Acct. No. _____ Type _____ Acct. No. _____ Type _____

CREDIT APPLICATION

Trade References

Company _____

Phone _____ Fax No. _____

Company _____

Phone _____ Fax No. _____

Company _____

Phone _____ Fax No. _____

Line of credit requested \$ _____

Purchases will be taxable _____ Non-Taxable _____

Tax No./UBI No. _____

Applicant has previously been extended credit by Hardware Wholesale, LLC. In consideration of continuing to extend credit, applicant certifies the above information to be correct and grants permission to verify any or all of the above. Applicant *agrees* to pay invoices in full on or before the 10th day of each month following the month in which the invoice was sent. In addition, applicant agrees to pay interest at the rate of 1-1/2% per month on past due balances. Should suit or action be instituted in collection of applicant's debt, applicant agrees to pay costs of suit, including but not limited to reasonable attorney fees, collection agency costs, or costs of special counsel together with costs of disbursements incurred. Applicant agrees that all terms of this application shall be binding upon applicant. Applicant acknowledges that this credit application is a binding contract between the parties and hereby agrees to pay according to invoice terms.

Signature of applicant: (If applicant is a corporation, authorized corporate officer must sign)

Name (please print) _____

Signature _____

Date _____ Title _____

INDIVIDUAL GUARANTEE

The undersigned for and in consideration of the extension of credit to the applicant hereby, personally guarantees the full payment of the balance of the said applicants account. This guarantee is given by the signator hereto expressly for the purpose of obtaining the extension of credit for applicant and the signator hereto acknowledges such guarantee has been relied upon in the extension of credit to the applicant.

Name (please print) _____

Signature _____ (no Title)

Date _____