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Phone: 602-252-6157

10009 N, 19th Ave Phoenix, AZ 85021

Phone: 602-861-3195 Fax: 602-253-9128

ar@sixpointshardware.com

Customer No.: ______ Approved: _____ Date: ____ Credit Limit: ____

FOR OFFICE USE ONLY

Credit Application

Company Information	1 1			Date:	
Full Legal Name/Business Entity	Phone #			Fax #	
Doing Business As (DBA)					
Billing Address	City	State	Zip		
Shipping Address	City	State	Zip		
No. of Employees	Year Business Established			Annual Sales	
Business Focus – Select One: ☐ Contractor ☐ Education ☐ Farm & ☐ Non-Profit Organization ☐ Property ☐ Service Industry ☐ Other:	y Management 🗆 Religious O			* ,	
Federal Tax ID (If Incorporated)				State of Incorporation	
E-Mail Address(es):		Website:			
Owner Information					
Full Name (including middle initial)	Title			Social Security #	
Home Address	City	State	Zip	Phone #	
Accounts Payable Information					
Full Name (including middle initial)	Fax			Email	
How would you like to receive invoices	s and statements- select one:	□ Mail	□ Em:	ail	
Bank References					
Bank Name	Account Number			Contact	
Address	City	State	Zip	Phone #	

Trade Credit References - Must List Three

1. Company Name			Contact	
Address	City	State	Zip	Phone #
2. Company Name			Contact	
Address	City	State	Zip	Phone #
3. Company Name			Contact	
Address	City	State	Zip	Phone #
Additional Information - Select Yes or No				
Tax Exempt? ☐ Yes ☐ No (If yes, please include a o	copy of your	Certificate	of Resale)	
Do you require purchase orders? ☐ Yes ☐ No				
Do you want to provide an authorized buyers list?	l Yes □ No			
I/We certify that all the information on this form is correct. I/we fully unders extended credit. Furthermore, I/we approve of your obtaining information fr corporation, a report on me/us personally. If you update, renew, or extend my	om the above refer	rences and a cre	dit report on my	company or if not a
Print Name	Title			
Sign Name	Date			

Terms and Conditions

If the account is not paid as agreed or if the credit limit is exceeded, the business charge account will be temporarily suspended, unless other arrangements are made with the store owner or authorized representative. Repeated late payments may result in permanently revoking your charge privileges. Payments not received within 30 days of the statement date will receive a service charge or 2%. Statements are produced on the last day of each month and full payment is due on the last day of the month. Six Points Hardware will send us a statement each month which will show the unpaid balance for merchandise purchased including any monthly finance charge. Six Points Hardware may declare the unpaid balance to be due and payable if we default in making any required payment in full when due and we agree to pay Six Points Hardware (or its agent) all reasonable collection expenses, attorney's fees and court costs incurred in collecting this account. You must immediately notify Six Points Hardware upon any change in our address or company ownership.



Arizona Resale Certificate

- Use this form to purchase tangible personal property for resale in the ordinary course of business.
- Wholesalers must have a Transaction Privilege Tax ("TPT") or other state's Sales Tax License to purchase tangible personal property for resale.

This Certificate is prescribed by the Department of Revenue pursuant to A.R.S. § 42-5022. The purpose of the Certificate is to document the purchase of tangible personal property for resale in the purchaser's regular course of business. It is to be filled out completely by the purchaser and furnished to the vendor. The vendor shall retain this Certificate for single transactions or for specified periods as indicated below. This Certificate shall be obtained from the purchaser at the time of the sale. Incomplete Certificates are not considered to be accepted in good faith.

A. Business Name and Address:

B. Check Applicable Box:

from the purchaser at the time of the	sale. Incomplete Cer	tificates are not considered to be accepted in good fa	aith.		
A. Business Name and Address:	· ·	B. Check Applicable Box:			
Business Name	*TPT/Sales Tax License No	Single Transaction Certificate			
		Period From Through			
Address		(You must choose specific dates for which the certificate will be valid. You encouraged not to exceed a 12 month period. However, a certificate will			
City	State ZIP Code	considered to be accepted in good faith for a period not to exceed 48 months	if the		
City	State Zii Gode	vendor has documentation the TPT license is valid for each calendar year covin the certificate.)	/ered		
Business Email (Optional)		BusinessTelephone Number (Optional)			
Vendor's Name					
C. Precise Nature of Purchaser's Bu	siness:				
D. Description of Property Being Pur	rchased:				
E.					
	property do not requir	e the purchaser to provide a TPT or other Sales Tax Lice	ense		
(check appropriate box):					
☐ Sales to the U.S. government or its departme	ents or agencies for resale (purchased directly by the Federal Government).			
Sales to an unlicensed Arizona School District for resale (purchased directly by the school district).					
Sales to a nonprofit charitable I.R.C. § 501(c)	(3) organization for resale.	(Attach I.R.S. determination letter to this form.)			
	Sales to a nonprofit charitable I.R.C. § 501(c)(3), (c)(4), or (c)(6) organization associated with a major league baseball team or a national professional golfing association for resale. (Attach I.R.S. determination letter to this form.)				
Sales to a nonprofit charitable I.R.C. § 501(c)(3), (c)(4), (c)(6), (c)(7), or (c)(8) organization that sponsors a rodeo featuring farm and ranch animals for resale. (Attach I.R.S. determination letter to this form).					
Sales to a nonprofit charitable I.R.C. § 501(c)(6) organization that produces, organizes, or promotes a cultural or civic related festival or event - for resale. (Attach I.R.S. determination letter to this form).					
F. Certification					
	at this Certificate is	not accurate, complete, or applicable to the transact	tion		
may not accept the Certificate in good	d faith and the seller	will not be relieved of the burden of proving entitlem	nent		
		ate in good faith will be relieved of the burden of pr			
		uracy of the claimed exemption from tax as provi			
		the tangible personal property by the purchaser of			
_	-	the purchaser to the Arizona use tax. Willful mis			
or this Certificate will subject the pu	irchaser to criminal	penalties of a felony pursuant to A.R.S. § 42-1127	(B).		
I, (print full name)		_, hereby certify that these purchases are for resale in			
ordinary course of business and that the information on this Certificate is true, accurate and complete. Further, if purchasing					
as an agent or officer, I certify that I am authorized to execute this Certificate on behalf of the purchaser named above.					
SIGNATURE OF PURCHASER					



Authorized Buyers List

First and Last Name	Phone Number (If applicable)	Email Address (If applicable)