## **ACCOUNT APPLICATION**

Uniform Credit Application for the companies of Hardware Resources & Top Knobs



Submit completed form to: rick@mullensales.com geoff@mullensales.com



geoff@mullensales.com

GENERAL INFORMATI	ON (Complete thi	s portion	in its entirety. Pleas	e Print)		
COMPANY NAME	-	HARDWARE RESOURCES ACCT #	TOP KNOBS ACCT #		CURRENCY: TK DEALERS ONLY US\$ CAD\$	
CHOOSE ONE: CORPORATION  PARTNERSHIP INDIVIDUAL OWNER	TAX ID # (corp) OR SOCIAL SECU	JRITY # (individua	ll owner)	STATE		PREFERRED FORM OF STATEMENTS  ☐ EMAIL ☐ FAX
PREFERRED TERMS ☐ TERMS ☐ COD ☐ CREDIT CARD	SALES TAX EXEMPT NO YES  (If yes, MUST attach Exemption Certificate)		SALES TAX EXEMPTION #	MAIN PHONE		MAIN FAX
BILLING ADDRESS	recrimente	CITY	STATE	ZIP	COUNTY	
SHIPPING ADDRESS			CITY	STATE	ZIP	COUNTY
ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE PHONE	NO YES	ACCOUNTS PAYABLE FAX	ACCOUNTS PAYABLE EMAIL		L
SALESPERSON/AGENCY	ORDER ACKNOWLEDGEMENTS  EMAIL FAX		ORDER ACKNOWLEDGEMENT FAX	ORDER ACKNOWLEDGEMENT EMAIL		
BUSINESS OWNER(S), PARTNERS, OR OFFICERS						
NAME	TITLE	EMAIL ADD	EMAIL ADDRESS			CELL PHONE
NAME	TITLE	EMAIL ADDI	EMAIL ADDRESS			CELL PHONE
TRADE REFERENCES				·		
NAME	ACCOUNT #	EMAIL ADD	EMAIL ADDRESS			FAX
NAME	ACCOUNT #	EMAIL ADDI	EMAIL ADDRESS			FAX
BANK REFERENCE	•					
BANK NAME	ACCOUNT #	EMAIL ADDI	EMAIL ADDRESS			FAX
ADDRESS		•	CITY	•	STATE	ZIP
CREDIT CARD AUTHO	RIZATION (Comp	olete this	portion in its entirety	v to use a c	redit card f	or your account)
CARD TYPE: ☐ VISA ☐ AMERICAN EXP. CARD NUMBER ☐ MASTERCARD ☐ DISCOVER			· · · · · · · · · · · · · · · · · · ·			EXPIRATION (MM/YYYY)
NAME ON CARD		CARD BILLIN	CARD BILLING ADDRESS			
CARD BILLING PHONE		CITY	CITY		STATE	ZIP
SIGNATURE			PRINT NAME OF SIGNER			INITIAL FOR ONE TIME USE ONLY
		All charges to y	our customer account will be billed	l to this credit card	l if the One Time U	se Only area above is not initialed.
TERMS & CONDITIONS  Parties agree that all purchases made ar  Standard terms are NET30.  All invoices are due and payable o be applied to the oldest invoices a Seller but not to exceed maximum  The Purchaser agrees to pay Seller  The Seller reserves the right to ter card is on file, the Seller reserves t  If the amount becomes delinquen: 33 1/3% of the balance due plus all t is understood that in the event of upon the seller. Purchaser agrees  Purchaser agrees to notify Seller bof change if before due date.	n or before expiration of ter occording to the invoice data a amount allowed by law. a service charge for all prot minate credit without notic the right to charge that cred t and is turned over to a coll Il collection costs. of legal action Bossier Parish to waive their right to litiga y certified mail of any chang	rms assigned to es noted on th tested checks i e in the event lit card for any lection agency n, Louisiana, or te outside of E ge of ownershi	o the account, and the terms ha le invoice. Purchaser agrees to purchaser has unpaid invoices to unpaid invoices that are past do or attorney, Purchaser agrees to the state of New Jersey is the values. The state of dip of the Purchaser and to pay the	ve been explained by finance charge ount of the fee what are past due ue.  To pay a reasonal renue for litigatic for New Jersey.  The unpaid invoice on the pay is the service of the service of the service of the service of the unpaid invoice on the service of the	ges on all past du vill not exceed \$3 . If the amount I ole fee. In no eve on, depending es at that date	ue invoices at the rate set by 80.00 per check. Decomes delinquent and a credit
<ul> <li>Purchaser may be asked to complete a new credit application at any time and may terminate credit if such request is not satisfied.</li> <li>This credit application shall apply to all sales made by Seller to Purchaser regardless of location.</li> <li>The undersigned certifies the information given in this application is true and correct to the best of their knowledge, that they have read and understand the Terms &amp; Conditions, and hereby authorize Hardware Resources and/or Top Knobs to inquire from all of the above on their behalf.</li> <li>Further, the undersigned gives permission to their bank for the release of information about their account.</li> </ul>						SETUP BY  PAYMENT TERMS

SIGNED BY PRINT NAME OF SIGNER JEFFREY ALEXANDER° ≡ □ ≡ ⋈ ≡ ⋈







DATE