REACTIVATION FORM

For the companies of Hardware Resources & Top Knobs



Submit completed form via email **to:**rick@mullensales.com ***** or ******



to: geoff@mullensales.com

SALESPERSON/AGENCY

GENERAL INFORMATION (Complete this portion in its entirety. Please Print)								
COMPANY NAME			HARDWARE RESOURCES ACCT #		TOP KNOBS ACCT #			
CHOOSE ONE:	TAX ID # (corp) OR SOCIAL SECURIT	Y # (individual	owner)	MAIN PHONE				
CORPORATION LLC								
PARTNERSHIP INDIVIDUAL OWNER								
SALES TAX EXEMPT NO YES	SALES TAX EXEMPTION #			EXEMPTION STATE	ION STATES			
(If yes, MUST attach Exemption Certificate)								
BILLING ADDRESS			CITY	STATE	ZIP	COUNTY		
SHIPPING ADDRESS		RESIDENTIAL	CITY	STATE	ZIP	COUNTY		
	L	NO YES						
ACCOUNTS PAYABLE CONTACT ACCOUNTS PAYABLE PHONE		ACCOUNTS PAYABLE EMAIL						
PURCHASING CONTACT	ORDER ACKNOWLEDGEMENT EMAIL							
BUSINESS OWNER(S), PARTNERS, OR OFFICERS								
NAME	TITLE	EMAIL ADDR	ESS	PHONE		CELL PHONE		
NAME	TITLE	EMAIL ADDR	ESS	PHONE		CELL PHONE		

By reactivating your account, you agree to abide by the terms and conditions outlined in the original signed application. These terms and conditions remain in full effect and apply to all transactions and activities conducted on your account. A copy of the original terms and conditions can be provided upon request.

FOR INTERNAL USE ONLY						
DATE RECEIVED						
SETUP BY						
PAYMENT TERMS						









