



BUILDERS' HARDWARE
THE DOOR COMPANY

ERIE, PA OFFICE
2002 West 16th Street
Erie, PA 16505
Phone: 814-453-4736
Fax: 814-454-0275
www.builders-hardware.net

CREDIT APPLICATION

Date: _____ Builders' Hardware Service Center Location: _____

Company Name _____

Address _____

City _____ State _____ Zip _____ Tax County _____

Phone _____ Fax _____

Shipping Address (if different from above) _____

Are you a bonded Contractor? Yes ___ No ___

BUSINESS REFERENCES: (Firms with whom you have done business for at least one (1) year)

◆ Name _____ Fax () _____ ← Required

Address _____ Phone () _____

City _____ State _____ Zip _____

◆ Name _____ Fax () _____ ← Required

Address _____ Phone () _____

City _____ State _____ Zip _____

◆ Name _____ Fax () _____ ← Required

Address _____ Phone () _____

City _____ State _____ Zip _____

Business Structure: Proprietorship Partnership Corporation DUNS # _____

Year Established _____ Federal I.D. # _____ Exemption # _____

Terms of sale are **NET THIRTY DAYS**. Since we are a material supplier we do not accept retention, or "Owner Payment" terms. Accounts exceeding terms of sale will be subject to restrictions on any new order entry or shipment of existing orders. All past due invoices are subject to a finance charge at a maximum legal rate allowed.



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In the event the account becomes delinquent and is referred to an attorney for collection, the purchaser agrees to pay **ALL** collection costs.

The undersigned does hereby acknowledge that all of the information contained herein is true and that said representations are made for the purpose of obtaining credit from Builders' Hardware & Specialty for the extension of credit. It is understood this information will be held in strict confidence and used only by the Credit Department.

The Undersigned does hereby acknowledge that all of the information contained herein is true and that said representations are made for the purpose of obtaining credit from Builders' Hardware & Specialty for the extension of credit. It is understood this information will be held in strict confidence and used only by the Credit Department.

Facsimile signatures shall have the same force and effect as original signatures.

Name of Organization: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____

