

# **COMMERCIAL** **HARDWARE**

3725 W. RUSSELL RD. LAS VEGAS, NV 89118  
(702) 736-0007 PHONE (702) 736-6858 FAX

Re: Credit Application

To whom it may concern:

We are happy to accept your credit application. In a few words please let us know about your company and what type of company it is. If you have been dealing with a sales person it is helpful to know that information.

Please fill in all areas of our credit application including on page 3 the amount of credit you are requesting. We require 4 trade references with their current fax number. We will do our part in contacting the references you have supplied us, although sometimes we get no response from references. If it is possible to include a person to contact and your account number this might speed up the process. On page 5 please sign the Bank Account Information Release form. Your bank will not give us any information without a signature of an authorized agent on the bank account. If your company is a resale company please fill in the Resale Certificate.

We will start processing your application as soon as we receive the information. Unfortunately there is no set time as to when a decision will be made regarding an account. It depends on how long the trade references take to respond to our request for information. We will let you know when a decision is made.

We thank you for coming to us for your hardware, hose, caster, racking and bearing needs.

Elizabeth Clouthier  
Controller  
Commercial Hardware/Aztec Bearing

# COMMERCIAL HARDWARE

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## Credit Application

Date: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salesperson: \_\_\_\_\_

### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Business Information

Years In business: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Corporation**  Yes  No

State of Incorporation: \_\_\_\_\_ T.I.N.: \_\_\_\_\_

President's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

**Partnership**  Yes  No

General Partner: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

Partner: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

Partner: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

**Sole Proprietorship**  Yes  No

Owner's Name \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If yes, what year? \_\_\_\_\_

Have you ever made a debt settlement?  Yes  No If yes, what year? \_\_\_\_\_

**Bank Reference**

Account Type:  Checking  Savings  Loan Account # \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Trade Reference**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax:(required) \_\_\_\_\_

Name On Account: \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax:(required) \_\_\_\_\_

Name On Account: \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax:(required) \_\_\_\_\_

Name On Account: \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax:(required) \_\_\_\_\_

Name On Account: \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**Credit Terms:** All credit applications are accepted on the basis of applicant complying with the credit terms of Commercial Hardware, Inc. Our terms are **NET 30** days from the date of the invoice. INTEREST AT 24%APR, OR 2% MONTHLY WILL BE CHARGED TO ALL PAST DUE ACCOUNTS. Any invoice 30 days or more outstanding OR over the credit limit will result in the applicant's loss of credit. Credit may resume only when past due billings and finance charge are paid in full. If legal proceedings are commenced to collect any amounts due on accounts established, the applicant agree that the prevailing party will recover all reasonable legal fees and costs incurred. Applicant consents to binding arbitration under the rules of the court of the State of Nevada to resolve any disputes between parties. Applicant specifically waives the right to trial by jury. Signature indicates that all invoices will be paid according to the terms listed above or on invoice. Signature also authorizes all creditors/banks to accept a photocopy, fax, or emailed copy of the signature and release credit information to **Commercial Hardware**.

Company or Corporate Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

*I, On behalf of myself, personally and on behalf of the said business, jointly and severally, GAURANTEE payment for all goods sold and delivered and services rendered after the date of this application and until this guarantee is revoked in writing.*

*Individually and as guarantor,*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BANK ACCOUNT INFORMATION RELEASE FORM

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Bank account number:**

Checking: \_\_\_\_\_

Saving: \_\_\_\_\_

Other: \_\_\_\_\_

*It is understood that by signing this form the above-named company gives permission for its bank account information to be released by phone or in writing to Commercial Hardware for credit purposes.*

The signature below acts as releasing authority for bank account information.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# RESALE CERTIFICATE

I hereby certify that I hold valid seller's permit number \_\_\_\_\_ issued pursuant to chapters 372, 374 and 377 of the Nevada Revised Statutes; that I am engaged in the business of selling \_\_\_\_\_, and that the tangible personal property described in the second paragraph of this certificate, which I purchase from COMMERCIAL HARDWARE, will be resold by me in the form of tangible property. I further certify that in the event any of the property is used for any purpose other than retention, demonstration or display while I am holding it for sale in the regular course of business, it is understood that I am required by chapters 372, 374 and 377 of the Nevada Revised Statutes to report it and pay the tax measured by the purchase price of the property.

Description of the property to be purchased:

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Purchaser \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Purchaser

Dated: \_\_\_\_\_

**AUTHORIZED PURCHASER LIST**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

e-mail address \_\_\_\_\_ statements \_\_\_ invoices \_\_\_

fax number \_\_\_\_\_ statements \_\_\_ invoices \_\_\_

Do your purchases require a PO number    no\_\_\_\_\_    yes\_\_\_\_\_

If yes describe how your PO will be: letters, numbers or combination of both (example B21133, 12345)

\_\_\_\_\_

Name of Accounts Payable person \_\_\_\_\_

Accounts Payable phone number \_\_\_\_\_

Accounts Payable fax number \_\_\_\_\_

Accounts Payable e-mail address \_\_\_\_\_