

Paul's ACE Hardware Stores

www.paulsacehardware.com
APPLICATION FOR CREDIT

CORPORATE OFFICE
 2845 N. Scottsdale Road
 Scottsdale, AZ 85257

(480) 947-7281
 Fax (480) 941-5621

NAME		PHONE		FAX			
ADDRESS				ZIP			
BILLING ADDRESS				ZIP			
HOW LONG IN BUSINESS IN ARIZONA?		FEDERAL TAX I.D. NUMBER / SSN		ANNUAL SALES			
ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE EMAIL ADDRESS		ACCOUNTS PAYABLE PHONE / FAX			
HAVE YOU EVER FILED PERSONAL OR CORPORATE BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHEN?							
1 TYPE OF BUSINESS	CORPORATION	PARTNERSHIP	SOLE PROPRIETOR / SSN REQUIRED	IF CORP. GIVE NAME & HOME ADDRESS OF OFFICERS. IF PART. OR PROP. INCLUDE S.S.# AND SPOUSE'S NAME(S), LIST ALL PARTNERS AND DATES OF BIRTH.			
	IF INCORPORATED, UNDER THE LAWS OF WHAT STATE?	DATE OF INCORPORATION		IS CORPORATION IN GOOD STANDING?			
2 CREDIT REFERENCES	BANKS - WHERE APPLICANT HAS ACCOUNTS OR LOAN EXPERIENCE. PLEASE NAME BRANCH AND BANK OFFICIAL FAMILIAR WITH COMPANY AFFAIRS, AND ACCOUNT NUMBERS.						
	TRADES - NAME, ADDRESS, AND PHONE NUMBER OF BUSINESSES NOW SELLING ON OPEN ACCOUNT						
	SECURED CREDITORS - PLEASE LIST ALL SECURED CREDITORS. INCLUDE NAME, ACCOUNT NUMBER(S), AMOUNT AND SECURITY GIVEN.						
3	HAVE YOU EVER APPLIED FOR CREDIT WITH PAUL'S BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF SO UNDER WHAT NAME?			
4	APPROXIMATE AMOUNT OF CREDIT DESIRED:			ESTIMATED MONTHLY PURCHASES:			
5	APPLICANT NORMALLY PAYS MATERIAL INVOICES ON THE FOLLOWING BASIS			PROMPT	30 DAYS	60 DAYS	90 DAYS
6	ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT						

On behalf of myself and my company; (1) I(we) affirm that everything contained in this application is correct to the best of my knowledge; (2) I(we) understand you will retain this application whether or not it is granted; (3) you are authorized to check credit and employment history and to answer questions about your credit experience with myself or the company; (4) I(we) acknowledge I(we) have read and do agree to the credit terms, unless stated otherwise on a specific offer, terms of payment are Net 20th; (5) If the account is referred to an attorney or collection agency, I(we) agree to pay all fees and costs incurred for the collection of any monies due Paul's including fees and costs of litigation. (6) A finance charge of 1.5% per month will be assessed on all past due accounts. The finance charge represents an annual rate of 18%. (7) I(we) hereby grant Paul's a security interest in all material and/or equipment received until paid for in full. (8) I affirm that I am authorized by the company to, and hereby do, bind it to the terms set forth herein. Change of Ownership - Applicant must promptly notify Paul's Scottsdale Hardware, Inc. by certified mail of any change in ownership that would change the party obligated by this debt. Applicant shall be responsible for all charges made to this account until such notice is received by Paul's Scottsdale Hardware, Inc.

Date _____ Signature _____
 Application must be signed to be considered

PERSONAL GUARANTEE

I(we) personally guarantee payment of any and all debts incurred by myself and/or the company, without limitation as to amount until this guarantee is revoked in writing by the undersigned.

Date _____ Signature _____

Spouse _____

COMPLETE REVERSE SIDE (OVER)

Paul's Scottsdale Hardware, Inc. respects any special requirements that your company may have. Please complete the following information so we can do our best to satisfy those requirements.

Which store will you be doing most of your shopping in?

_____ Scottsdale on Thomas _____ Fountain Hills _____ Tempe _____ Gilbert _____ Scottsdale on McDonald

Persons eligible to sign on the account

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

Name _____ Name _____ Name _____

Do you require a form of identification from persons signing on your account? ___ Yes ___ No
If so, what is it? _____

Do you have any other requirements of persons signing on your account?

Are purchase orders required? ___ Yes ___ No If yes, ___ Written ___ Verbal

Will you have purchases for resale? ___ Yes ___ No

If yes, please be sure to fill out a resale card and list all items not to be taxed. These cards need to be updated on an annual basis.

State Transaction Privilege Tax License # _____

City Transaction Privilege Tax License # _____

Contractor Lic# _____ Class _____ Qual. Party _____

FIVE LOCATIONS TO SERVE YOU!



Scottsdale on Thomas
2845 N. Scottsdale Rd.
Scottsdale, AZ 85257
480-947-7281

Fountain Hills
16605 E. Palisades Blvd.
Fountain Hills, AZ 85268
480-837-1080

Tempe
1153 W. Broadway
Tempe, AZ 85282
480-966-1791
Rental
480-966-9478

Gilbert
1927 E. Baseline
Gilbert, AZ 85233
480-539-5563

Scottsdale on McDonald
8449 E. McDonald Dr.
Scottsdale, AZ 85250
480-948-3102