



## Credit Account Application

COMPANY NAME:			
Mailing address:			
City:	State:	Zip:	
Telephone:	FAX:		
Accts. Payable Supervisor:	Tel./Ext.:		
Parent Company/Division of:			
Shipping Address:			
City:	State:	Zip:	
Estimated monthly purchase volume from DaCorta Hardware: \$			
Number of employees:		Years in business:	
Type of business:			
Website Address:		Email:	

Tax Exempt Customers (If your purchase should be Tax exempt):

Valid Resale Certificate/Tax Exempt Certificate Number \_\_\_\_\_

- A copy of your certificate must also be provided for our records.

BANK NAME:			
Street:			
City:	State:	Zip:	
Account number:	FAX:		

Business References: (Open Accounts only)

1. Company name:		FAX:	
Street:	City:	State:	Zip:
2. Company name:		FAX:	
Street:	City:	State:	Zip:
3. Company name:		FAX:	
Street:	City:	State:	Zip:



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

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

Your bank and business references will be contacted in writing either by mail or fax. Our ability to make a timely decision in regards to an extension of credit to your corporation depends on how quickly we receive answers from the sources provided to us. Thank you very much for your interest in DaCorta Hardware.