

ACCOUNT APPLICATION

Uniform Credit Application for the companies of
Hardware Resources & Top Knobs



Submit completed form via email
AR@HardwareResources.com or fax 318.841.3550



Submit completed form via email
NewAccounts@TopKnobs.com or fax 908.359.0369

GENERAL INFORMATION (Complete this portion in its entirety. Please Print)				
COMPANY NAME		HARDWARE RESOURCES ACCT #	TOP KNOBS ACCT #	
CURRENCY: <input type="checkbox"/> US\$ <input type="checkbox"/> CAD\$ <i>TK DEALERS ONLY</i>				
CHOOSE ONE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL OWNER	TAX ID # (corp) OR SOCIAL SECURITY # (individual owner)		STATE	PREFERRED FORM OF STATEMENTS <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
PREFERRED TERMS <input type="checkbox"/> TERMS <input type="checkbox"/> COD <input type="checkbox"/> CREDIT CARD	SALES TAX EXEMPT <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, MUST attach Exemption Certificate)	SALES TAX EXEMPTION #	MAIN PHONE	MAIN FAX
BILLING ADDRESS		CITY	STATE	ZIP
SHIPPING ADDRESS		CITY	STATE	ZIP
RESIDENTIAL <input type="checkbox"/> NO <input type="checkbox"/> YES		COUNTY		
ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE PHONE	ACCOUNTS PAYABLE FAX	ACCOUNTS PAYABLE EMAIL	
SALESPERSON/AGENCY	ORDER ACKNOWLEDGEMENTS <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX	ORDER ACKNOWLEDGEMENT FAX	ORDER ACKNOWLEDGEMENT EMAIL	
ADDITIONAL EMAILS TO RECEIVE PRODUCT INFORMATION				
BUSINESS OWNER(S), PARTNERS, OR OFFICERS				
NAME	TITLE	EMAIL ADDRESS	PHONE	CELL PHONE
NAME	TITLE	EMAIL ADDRESS	PHONE	CELL PHONE
TRADE REFERENCES				
NAME	ACCOUNT #	EMAIL ADDRESS	PHONE	FAX
NAME	ACCOUNT #	EMAIL ADDRESS	PHONE	FAX
BANK REFERENCE				
BANK NAME	ACCOUNT #	EMAIL ADDRESS	PHONE	FAX
ADDRESS	CITY	STATE	ZIP	

TERMS & CONDITIONS

Parties agree that all purchases made and extensions of credit are subject to the following terms and conditions:

- Standard terms are NET30.
- All invoices are due and payable on or before expiration of terms assigned to the account, and the terms have been explained to me. All sums received by Seller shall first be applied to the oldest invoices according to the invoice dates noted on the invoice. Purchaser agrees to pay finance charges on all past due invoices at the rate set by Seller but not to exceed maximum amount allowed by law.
- The Purchaser agrees to pay Seller a service charge for all protested checks returned by their bank. The amount of the fee will not exceed \$30.00 per check.
- The Seller reserves the right to terminate credit without notice in the event Purchaser has unpaid invoices that are past due. If the amount becomes delinquent and a credit card is on file, the Seller reserves the right to charge that credit card for any unpaid invoices that are past due.
- If the amount becomes delinquent and is turned over to a collection agency or attorney, Purchaser agrees to pay a reasonable fee. In no event shall the fee be less than 33 1/3% of the balance due plus all collection costs.
- It is understood that in the event of legal action Bossier Parish, Louisiana, or the state of New Jersey is the venue for litigation, depending upon the seller. Purchaser agrees to waive their right to litigate outside of Bossier Parish, LA, or the state of New Jersey.
- Purchaser agrees to notify Seller by certified mail of any change of ownership of the Purchaser and to pay the unpaid invoices at that date of change if before due date.
- Purchaser may be asked to complete a new credit application at any time and may terminate credit if such request is not satisfied.
- This credit application shall apply to all sales made by Seller to Purchaser regardless of location.

FOR INTERNAL USE ONLY	
DATE RECEIVED	
SETUP BY	
PAYMENT TERMS	

The undersigned certifies the information given in this application is true and correct to the best of their knowledge, that they have read and understand the Terms & Conditions, and hereby authorize Hardware Resources and/or Top Knobs to inquire from all of the above on their behalf. Further, the undersigned gives permission to their bank for the release of information about their account.

SIGNED BY _____

PRINT NAME OF SIGNER _____

DATE _____

