

ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL FOR CREDIT DEPARTMENT USE ONLY.

OUR CREDIT TERMS ARE NET 30 DAYS.	(PLEASE ALLOW 2 WEEKS TO PROCESS CREDIT CHECK.

	RETURN VIA FAX NUMBER 816-246-2890	OR EMAIL: CREDITAPP@AUSTINHARDWARE.COM
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Billing Information		(Please type or print)				
Name of Business:		Other names (dba or aka)				
Street Address:			City		State	zip code
Billing Address:			City		State	zip code
			UN,			210 0000
Business Information	<u>ــــــ</u>					
Telephone Number			Fax Number		Email	to send invoices
Accounts Payable Con	tact			Title		
	laol			The		
Ourpor		Veere in	Rusinoso		Draduata Manufaaturad	
Owner		reals in	Business		Products Manufactured	
		0.1				<u></u>
Taxpayer ID Number		Sole proprietors	hip,partnership, corporation		Date/	State of Inc.
Owners or Corporate	Officers					
Name and Title			Address		City,S	tate,Zip
	DO #	Inveloee	Chatamanta			
DO YOU REQUIRE?	PO#		Statements	the sight to		establishing a line of availt
Credit References		HAVE AT LEAST 3 REF	Phone#	e the right to	pull credit history for the purpose of Email	
Name	Address	city,State,Zip	Phone#		Emai	
Bank Reference						
Bank		Address	City,State,Zip		Phone#	Fax#
Credit Request Inform	nation					
Credit Limit Requested	per Mont	h \$				
Name of Person Requesting Credit		dit			Title	
					Hite	
			o the proper payment in conside	eration of exten	ded credit.	
We have read and agree to We agree to pay reasonable			ection/attorney's fees, incurred	by Austin Hard	ware & Supply, Inc. in collecting any past	due amount.

Signatu	re Date
	Check here if you agree to COD Company Check sales until AHS has completed application process.
	PLEASE ALLOW 2 WEEKS FOR PROCESSING YOUR APPLICATION.