

**ACE HARDWARE / HOME IMPROVER SUPPLIES**

1544 Grand Ave.  
San Diego, CA 92109

Telephone (858)274-6464  
Fax (858)274-5604

**CREDIT APPLICATION**

INSTRUCTIONS: PLEASE PRINT OR TYPE, FILL IN ALL SPACES. A SIGNATURE IS MANDATORY BY OWNER. PARTNER OR CORPORATE OFFICER, PLEASE STATE TITLE.

INDIVIDUAL/LEGAL NAME OF BUSINESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

OWNERSHIP: ( ) INDIVIDUAL OWNER ( ) LIMITED PARTNER

( ) GENERAL PARTNERSHIP ( ) CORPORATION

FEDERAL TAX ID# \_\_\_\_\_ SALES TAX #/RESALE \_\_\_\_\_

OWNER/OFFICERS: (Name, Title, Social Security Number, Home Address, Telephone Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK REFERENCES: \_\_\_\_\_

Name Branch Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Account/Account # Officer Telephone Number

CREDIT REFERENCES (Name, Address, Telephone and Fax Numbers of Primary Suppliers)

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

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

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

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

PURCHASING: PURCHASE ORDER REQUIRED? YES \_\_\_ NO \_\_\_ JOB NAME REQUIRED? YES \_\_\_ NO \_\_\_

AUTHORIZED BUYERS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFY ANY PURCHASING RESTRICTIONS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU PREFER COPIES OF YOUR ACE HARDWARE INVOICES TO BE MAILED

WEEKLY \_\_\_ OR MONTHLY WITH YOUR STATEMENT \_\_\_\_\_?

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By: \_\_\_\_\_

Signature

Print Name, Title and Date

