

Store Number

Vision Ace Hardware

Contact Information		Billing Information	
Contact Name		AP Contact Name	
Company Name		Company Name	
Address		Address	
City, State and Zip Code		City, State and Zip Code	
Phone	Fax	Phone	Fax
E-mail		E-mail	
General Company Information			
Federal Tax ID Number		Principal Officer	
Social Security Number		Title	
Principal Officer's Home Address			
Legal Structure (check all that apply)			
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____			
In Business Since		Business Type	
Bank References			
Bank Name (#1)		Bank Acct# / Type	
Bank Address		Bank City / State / Zip	
Bank Contact		Bank Phone	
Bank Name (#2)		Bank Acct# / Type	
Bank Address		Bank City / State / Zip	
Bank Contact		Bank Phone	
Trade References			
Company	Contact	Address	
1			
Phone Number:		Fax Number:	
2			
Phone Number:		Fax Number:	
3			
Phone Number:		Fax Number:	
4			
Phone Number:		Fax Number:	
Signature and Authorization			
The signature below represents and warrants that (a) the party signing is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. I expressly authorize Vision Ace Hardware to obtain a credit report and to contact the above references to determine credit worthiness.			
Guaranty: I/We, the undersigned, do hereby guarantee payment, as individual, of any indebtedness incurred by virtue of any and all credit extended in accordance with this entire agreement and all of its terms and conditions. By signing below, you agree to all terms and conditions.			
Guarantor Signature:		Date	
Guarantor Name:		Title	

MUST BE SIGNED BY OWNER, PARTNER OR OFFICER. IF BORROWER IS A CORPORATION, A CORPORATE OFFICER MUST SIGN THIS FORM.
 All returned checks will be assessed a \$25.00 charge and account will automatically be put on prepaid status.

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Company Name	Accounts Payable Contact
Tax Exempt? Yes or No (please circle)	Sales Tax ID Number:

If tax exempt, please attach a copy of your Sales Tax Certificate

Yes, I would like to have invoices / statements faxed to me. Yes or No (please circle)	
Yes, I would like to have invoices / statements e-mailed to me. Yes or No (please circle)	
E-mail address	Fax number

You may view your account on line at our website www.visionacehardware.com
Once your account has been processed, you will receive a letter detailing your User Id and Password

PLEASE BE ADVISED, ALL ACCOUNTS ARE NET 30

Please List All Authorized Signers on Account

1	2
3	4
5	6
7	8
9	10

Commercial account holder agrees to indemnify and hold harmless Vision Ace Hardware from any and all claims, costs, expenses, and charges made or asserted by their employees, agents, or representatives.

Is a Purchase Order Number Required? _____

Please specify if P.O. is to be written and signed or verbal only _____

*** Terms are Net 30. A finance charge of 1.5% per month and 18% per year will be applied to all unpaid balances.**

The signature below represents and warrants that the party signing is an authorized representative of the company and that the information provided is complete and accurate to the best of his/her knowledge. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement.

Signature _____	Title _____
Print Name _____	Date _____

For Corporate Use Only	
Date Added	Account Number
Credit Amount	Other