

CREDIT APPLICATION

NAME (please print): _

Check appropriate location and fax application to 407-877-8431

☐ Bray ACE Hardware 500 S. Dillard Street Winter Garden, FL 34787 (407) 656-2593

2218 S. Orange Avenue Orlando, FL 32806-3097 (407) 422-7766

_____ TITLE: _

Orlando ACE Hardware

Groveland ACE Hardware 1007 Highway 50 Groveland, FL 34736 (352) 429-7616

Hilltop ACE Hardware
859 W. Highway 50
Clermont, FL 34711
(352) 394-2098 ☐ South Orange ACE Hardware ☐ Conway ACE Hardware 9689 S. Orange Blossom Trail Orlando, FL 32837 (407) 857-1142

4400 Curry Ford Road Orlando, FL 32812 (407) 482-5085

| NAME: | | | DATE: | |
|---|---|---|--------------------|---|
| STREET ADDRESS: | | | | |
| CITY: | | _ STATE: | ZIP: _ | |
| BILLING ADDRESS (if different from above): | | | | |
| PHONE: | | _ FAX: | P.O. RE | QUIRED: Yes No |
| TYPE OF BUSINESS: | | DATE ESTABLIS | HED: | |
| TYPE OF ORGANIZATION: Corporation | Par | tnership 🔲 Individual | | |
| TAX EXEMPT - 🗍 Yes 🗍 No If exempt, a sign | ned card mus | st accompany application. If | card is not provid | ded, tax will be charged. |
| ACCOUNTS PAYABLE CONTACT: | | PHOI | NE: | |
| BANK REFERENCE: | | | | |
| NAME: | | _ ADDRESS: | | |
| CITY: | | _ STATE: | ZIP: _ | |
| TYPE OF ACCOUNT: | | _ ACCOUNT NUMBER: | | |
| BANK REPRESENTATIVE: | | PHONE: | | |
| TRADE REFERENCES: Please list complete | street addr | ess, city, state and zip. | | |
| NAME: | | _ ACCOUNT NUMBER: | | |
| ADDRESS: | CITY: | | STATE: | ZIP: |
| PHONE: | | _ FAX NUMBER: | | |
| NAME: | | _ ACCOUNT NUMBER: | | |
| ADDRESS: | CITY: | | STATE: | ZIP: |
| PHONE: | | _ FAX NUMBER: | | |
| NAME: | | ACCOUNT NUMBER: | | |
| ADDRESS: | | | | |
| PHONE: | | | | |
| We understand your terms are NET 30, with a more and agree to meet these terms if credit is By signature of customer, below, it is agreed the monies in accordance with rentals or purchases of credit on this and other occasions. | a finance cha extended. at customer | arge of 1.5% per month ad shall be liable for any attor | ded to all balanc | es unpaid for 30 days or costs of collection of any |
| The applicant hereby authorizes verification of The applicant understands that false information | | | | |
| We certify that the above information is correct undersigned hereby agrees to the terms listed of | t. We autho | orize references and bank t | | |
| ALITHORIZED SIGNATURE: | | | DATE: | |