

# Maxum Hardware, Inc.

## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_ FAX NO: \_\_\_\_\_

TYPE OF ORGANIZATION (CHECK ONE)

Corporation       Partnership       Single Proprietorship       Others \_\_\_\_\_

TAX ID NO.: \_\_\_\_\_  
DUN & BRADSTREET NO.: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_  
DATE BUSINESS EST. \_\_\_\_\_

CREDIT TERM APPLIED FOR: (Check your preference)

COD Company/Personal Check       Credit Card       Net 30 Days

MAIN BANK REFERENCE

NAME OF BANK: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

TRADE REFERENCES

NAME OF CO: _____	NAME OF CO: _____
TEL. NO.: _____	TEL. NO.: _____
FAX NO.: _____	FAX NO.: _____
CONTACT: _____	CONTACT: _____
TERMS: _____	TERMS: _____
LIMIT: _____	LIMIT: _____

I hereby certify that the above information is correct and I authorize MAXUM HARDWARE, INC. to verify the same. I understand that the above information is given for the purpose of obtaining credit. In the event of de-fault and referral to an attorney, \_\_\_\_\_ (customer name) and/or personal guarantor agrees to pay all costs for collection including reasonable attorney fees and interest at the rate of 1-1/2% per month on any unpaid balances. Signing below states that you have read and understand the Terms and Conditions of Maxum Hardware, Inc..

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Maxum Hardware, Inc  
Please Fax Back to: (419) 353-3112  
www.maxumhardware.com