



CREDIT APPLICATION

3814 US HWY 421 North
 Wilmington, NC 28401
 (910)763-3613 Fax: (910)251-8122
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 contact@jacobihardware.com

BUSINESS APPLICANT

Name of Business _____
 Billing Address _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Authorized Buyers _____

 Home Office _____
 Corporate Partnership In Business Since _____
 Sole Proprietorship Government Agency D & B Rating _____
 Tax Exempt Yes No Tax Exempt Number _____
 PO Required? Yes No Certificate of Resale Attached _____

COMPANY OFFICERS OR PARTNERS

Name	Title	Address	Phone

FINANCIAL REFERENCES

(Please attach signed Bank Reference)

Bank _____ Address _____
 Bank Officer _____ Account Number _____ Type _____
 Bank _____ Address _____
 Bank Officer _____ Account Number _____ Type _____

TRADE REFERENCES

NAME	CITY/STATE	PHONE	FAX

FOR OFFICE USE ONLY

Application: Approved Disapproved Date _____ By _____
 Account Number _____ Credit Limit _____

E-mail to contact@jacobihardware.com or fax to (910)251-8122.