

EMAIL APPLICATION TO
ACCOUNTS@EVCOHARDWARE.COM



APPLICATION FOR CREDIT

NAME OF BUSINESS _____

DATE: _____

STREET ADDRESS _____

CITY _____ STATE ____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP CODE _____

OFFICE PHONE _____

ACCOUNTS PAYABLE PHONE _____

E-MAIL _____

E-MAIL _____

YEARS IN BUISINESS _____

TYPE OF BUSINESS

CORP ____ PARTNERSHIP ____ SOLE PROPRIETOR ____

NAME / ADDRESS OF BANK

NAME / ADDRESS OF THREE BUSINESS WITH WHOM YOU HAVE AN OPEN ACCOUNT

1) _____ PHONE _____ E-MAIL _____

2) _____ PHONE _____ E-MAIL _____

3) _____ PHONE _____ E-MAIL _____

NAME OF PERSONS AUTHORIZED TO PURCHASE ON ACCOUNT

CHECK IF PURCHASE ORDER IS
REQUIRED ____

TAX EXEMPT ____

PLEASE SUBMIT TAX EXEMPT FORM