

COMMERCIAL ACCOUNT APPLICATION

Date _____

**POTTS HARDWARE INC.
5201 NATIONS FORD ROAD
CHARLOTTE, NC 28217
PHONE: 704-523-7112 FAX: 704-522-7707
WWW.POTTSHARDWARE.COM
POTTSHARDWAREINC@BELLSOUTH.NET**

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL ADDRESS: _____

LOCATION OF HOME OFFICE: _____ PHONE: _____

YEARS IN BUSINESS _____ TAX EXEMPT # _____
(CERTIFICATE MUST BE ATTACHED)

DO YOU REQUIRE PURCHASE ORDER NUMBERS? _____ DO YOU REQUIRE JOB
NUMBERS? _____

WILL CERTAIN PEOPLE BE AUTHORIZED TO SIGN FOR PURCHASES? _____
IF YES, PLEASE ATTACH A WRITTEN LIST OF NAMES.

.....
PLEASE LIST REFERENCES WITH WHOM YOU HAVE CREDIT WITH FOR MORE THAN 6 MONTHS.

1. _____ PHONE: _____ FAX: _____

2. _____ PHONE: _____ FAX: _____

3. _____ PHONE: _____ FAX: _____

TERMS: The billing cycle is monthly. Statements listing all charges will be mailed on or about the first of the month. Due and payable by the 10th of the month. This is not a revolving account. If you have any questions concerning this account, please call. Your signature indicates your understanding and acceptance of the terms.

Signed: _____ Title _____

Printed Name: _____

**WE WELCOME YOUR BUSINESS. PLEASE VISIT OUR WEBSITE FOR OUR ONLINE
CATALOG!**