



6590 Top Gun Street  
 San Diego, CA 92121  
[www.philihardware.com](http://www.philihardware.com)  
 Tel: 858.642.0450  
 Fax: 858-642-0454  
 V0119

Philadelphia Hardware Group, Inc.

**CREDIT APPLICATION**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Choose one:  Corporation  Partnership  LLC  Sole Proprietor

If incorporated: Date incorporated? \_\_\_\_\_ Where? \_\_\_\_\_

Resale Number: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Credit Requirements: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Will you pay your invoice(s) within  10 days,  30 days, or  credit card (please check one).

**For credit card account, please skip to sign and date only.**

For sole proprietorship or partnership, each of the following agrees to pay the debt of the business personally.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Three companies whom you now buy from.

1. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

2. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

3. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Any additional information you wish to supply: \_\_\_\_\_

I do hereby certify the above information to be true to the best of my knowledge:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_