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APPLICATION FOR CREDIT

Date: _____

To promptly process your application, please provide fax numbers for your references. Also, be sure your application is legible and signed. Fully completed applications are processed first. Please allow up to seven working days prior to notification. **Thank you.**

Customer Name: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Billing Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Physical Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Delivery Address: _____

City: _____ **ST:** _____ **ZIP:** _____

	Name	Title	Home Address	Home Phone
Owners	_____	_____	_____	_____
Partners	_____	_____	_____	_____
Or	_____	_____	_____	_____
Officers	_____	_____	_____	_____

Accts Payable Contact: _____ **Phone:** _____

Email: _____ **Fax:** _____

Email Invoices _____ **Fax Invoices** _____

Buyer – Contact: _____ **Phone:** _____

Email: _____ **Fax:** _____

Type of Business: _____ **Year Established:** _____

Is business incorporated? _____ **If so, in what state?** _____

Sales Tax Status (please provide proper document with this application):

Resale Taxable Fishing Vessel Commercial Carrier Non-Res

Purchase Orders Required: **Requested Credit Limit:** _____

