

CORPORATE OFFICE
1800 N. Scottsdale Road
Scottsdale, AZ 85257
(480) 320-2709



APPLICATION FOR CREDIT

NAME		PHONE		FAX			
ADDRESS				ZIP			
BILLING ADDRESS				ZIP			
HOW LONG IN BUSINESS IN ARIZONA?		FEDERAL TAX I.D. NUMBER / SOCIAL SECURITY NUMBER (SSN)		ANNUAL SALES			
ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE EMAIL ADDRESS		ACCOUNTS PAYABLE PHONE			
HAVE YOU EVER FILED PERSONAL OR CORPORATE BANKRUPTCY? ☐ YES ☐ NO IF YES, WHEN?							
1	TYPE OF BUSINESS	CORPORATION	PARTNERSHIP	SOLE PROPRIETOR SSN REQUIRED	IF CORP. GIVE NAME & HOME ADDRESS OF OFFICERS. IF PART. or PROP. INCLUDE S.S.# AND SPOUSE'S NAME(S), LIST ALL PARTNERS AND DATES OF BIRTH.		
	IF INCORPORATED, UNDER THE LAWS OF WHAT STATE?		DATE OF INCORPORATION		IS CORPORATION IN GOOD STANDING?		
2	CREDIT REFERENCES	BANKS - WHERE APPLICANT HAS ACCOUNTS OR LOAN EXPERIENCE. PLEASE NAME BRANCH AND BANK OFFICIAL FAMILIAR WITH COMPANY AFFAIRS, AND ACCOUNT NUMBERS.					
	TRADES - NAME, ADDRESS, AND PHONE NUMBER OF BUSINESSES NOW SELLING ON OPEN ACCOUNT						
SECURED CREDITORS - PLEASE LIST ALL SECURED CREDITORS. INCLUDE NAME, ACCOUNT NUMBER(S), AMOUNT AND SECURITY GIVEN.							
3	HAVE YOU EVER APPLIED FOR CREDIT WITH PAUL'S BEFORE? ☐ YES ☐ NO			IF SO UNDER WHAT NAME?			
4	APPROXIMATE AMOUNT OF CREDIT DESIRED:			ESTIMATED MONTHLY PURCHASES:			
5	APPLICANT NORMALLY PAYS MATERIAL INVOICES ON THE FOLLOWING BASIS			PROMPT	30 DAYS	60 DAYS	90 DAYS
6	ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT						

On behalf of myself and my company; (1) I (we) affirm that everything contained in this application is correct to the best of my knowledge; (2) I (we) understand you will retain this application whether or not it is granted; (3) you are authorized to check credit and employment history and to answer questions about your credit experience with myself or the company; (4) I (we) acknowledge I (we) have read and do agree to the credit terms, unless stated otherwise on a specific offer, terms of payment are Net 20th; (5) If the account is referred to an attorney or collection agency, I (we) agree to pay all fees and costs incurred for the collection of any monies due Paul's including fees and costs of litigation. (6) A finance charge of 1.5% per month will be assessed on all past due accounts. The finance charge represents an annual rate of 18%. (7) I (we) hereby grant Paul's a security interest in all material and/or equipment received until paid for in full. (8) I affirm that I am authorized by the company to, and hereby do, bind it to the terms set forth herein. Change of Ownership - Applicant must promptly notify Paul's Scottsdale Hardware, Inc. by certified mail of any change in ownership that would change the party obligated by this debt. Applicant shall be responsible for all charges made to this account until such notice is received by Paul's Scottsdale Hardware, Inc.

Date _____ Signature _____

Application must be signed to be considered

PERSONAL GUARANTEE

I (we) personally guarantee payment of any and all debts incurred by myself and/or the company, without limitation as to amount until this guarantee is revoked in writing by the undersigned.

Date _____ Signature _____

Spouse _____

**Which store will you be doing most of your shopping in?
You will be able to use your account in all our Paul's locations.**

☐ **Scottsdale**
480-947-7281
1800 N. Scottsdale Rd.
Scottsdale, AZ 85257

☐ **Scottsdale**
480-948-3102
8449 E. McDonald Dr.
Scottsdale, AZ 85250

☐ **Scottsdale**
480-661-1900
11323 E. Via Linda
Scottsdale, AZ 85259

☐ **Fountain Hills**
480-837-1080
16605 E. Palisades Blvd.
Fountain Hills, AZ 85268



☐ **Oro Valley**
520-797-7100
7876 N. Oracle Rd.
Oro Valley, AZ 85704

☐ **Tucson**
520-529-0303
4751 E. Sunrise Dr.
Tucson, AZ 85718

☐ **Tucson**
520-325-7093
5424 E. Pima St.
Tucson, AZ 85712

☐ **Tempe**
480-966-1791
1153 W. Broadway
Tempe, AZ 85282

☐ **Tempe**
480-968-4544
929 E. Broadway Rd.
Tempe, AZ 85282

☐ **Gilbert**
480-539-5563
1927 E. Baseline
Gilbert, AZ 85233

☐ **Payson**
928-474-5238
507 N. Beeline Hwy
Payson, AZ 85541

OUR PREFERRED PAYMENT METHOD IS ACH

**Paul's Scottsdale Hardware, Inc. respects any special requirements that your company may have.
Please complete the following information so we can do our best to satisfy those requirements.**

Persons eligible to sign on the account:

Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____

Do you require a form of identification from persons signing on your account? ____Yes ____ No

If so, what is it? _____

Do you have any other requirements of persons signing on your account?

Please provide email to receive statements and invoices.

Are purchase orders required? ____Yes ____ No If yes, ____ Written ____ Verbal

Will your purchases be non-taxable? ____Yes ____ No

If yes, please be sure to fill out an AZ Form 5000A. These forms need to be updated on an annual basis.

State Transaction Privilege Tax License # _____

City Transaction Privilege Tax License# _____

Contractor Lic# _____ Class _____ Qual. Party _____