

**HARMCO FASTENER COMPANY**

428 State Street
Rochester, NY 14608
Tel: (585) 546-1650
Fax: (585) 546-2195

101 Grand Island Blvd.
Tonawanda, NY 14150
Tel: (716) 871-1650
Fax: (716) 871-1651

CREDIT APPLICATION

Please fill out and email to info@harmcofastener.com or fax- Attn: Credit to (585) 546-2195

NAME / ADDRESS

Last: _____ First: _____ Middle Initial: _____
Title: _____ Tax I.D. #: _____
Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Billing Address (if different than above): _____
City: _____ State: _____ Zip: _____
Phone #: () _____ - _____ Fax #: () _____ - _____
Email: _____ Credit Line Sought: _____
How would you like to receive your invoices (check one): Email Fax Mail

COMPANY INFORMATION

Business Type: _____ In Business Since: _____
Legal form under which business operates:
Corporation Partnership Proprietorship L.L.C. P.L.C.
Corporate Registration #: _____ V.A.T. #: _____
If division or subsidiary, name of parent company: _____
Annual Sales: _____ Are financial statements available? Yes No
Number of years in business: _____

COMPANY DIRECTORS / OFFICERS / PRINCIPAL

List all who are responsible for business transactions:

Name: _____ Title: _____ Phone: () _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Title: _____ Phone: () _____ - _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____ Title: _____ Phone: () _____ - _____
Address: _____ City: _____ State: _____ Zip: _____

BANK INFORMATION

Bank Name: _____ Checking Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Bank Name: _____ Savings Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Bank Name: _____ Home Equity Loan: _____ Loan Balance: _____
Address: _____ City: _____ State: _____ Zip: _____

TRADE REFERENCES

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____ Account # _____

Account Opened Since: _____ Credit Limit: _____ Current Balance: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____ Account # _____

Account Opened Since: _____ Credit Limit: _____ Current Balance: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ - _____ Fax #: () _____ - _____ Account # _____

Account Opened Since: _____ Credit Limit: _____ Current Balance: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for, in order to verify the information contained herein.

Applicants Name (Print): _____

Applicants Signature: _____ Date: _____

Proprietors, Partners, S-Corporations in the U.S. must also sign and date below:

I hereby authorize the seller and their assigns to obtain a consumer credit report on my credit history.

Applicants Name (Print): _____

Applicants Signature: _____ Date: _____