



**HARMCO**

**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](mailto:info@harmcofastener.com) or fax 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   
Number of years in business: \_\_\_\_\_

---

**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: \_\_\_\_\_