



HARMCO

HARMCO FASTENER COMPANY

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

4525 Broadway
Depew NY 14043
Tel:(716)871-1650
Fax:(716)871-1651

CREDIT APPLICATION

Please fill out and email to 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: _____