



THE SUPPLY PLACE
AT COSTELLO'S ACE Delivery Service, Online Ordering, 30 Locations (NY – NJ – MD)

Application For Credit

770-11 Grand Blvd. Deer Park, NY, 11729

Phone (631) 243-2220/Fax (631) 243-2309

Email to AR@COSTELLOSACE.COM

PLEASE FILL OUT COMPLETELY AND EMAIL OR FAX

1. Company Information Date: _____ Store: _____

Full Legal Name/Business Entity		Phone #	Fax #
Doing Business As (DBA)			
Billing Address	City	State	Zip
Co. Accounts Payable Contact Name		Accounts Payable Email Address	
No. of Employees	Year Business Established	Annual Sales	
Business Focus – Circle One: Small Business / Restaurants / Clubs / Hotels / Retailers / Churches / Religious Organizations / Private Schools / Charter Schools / Property Management / Senior Living Facilities / Municipalities / Small Manufacturing			
Federal Tax ID (If Incorporated)		State of Incorporation	
E-Mail Address(es):		Website:	

2. Owner Information

Full Name (including middle initial)	Title	Social Security #	
Home Address	City	State	Zip Phone #

1. Bank References

Bank Name	Account Number	Contact	
Address	City	State	Zip Phone #

2. Trade Credit References (list 3 businesses where you have had an account open minimum of 1 yr.)

Company Name	Contact		
Address	City	State	Zip Phone #
Company Name	Contact		
Address	City	State	Zip Phone #
Company Name	Contact		
Address	City	State	Zip Phone #

3. Additional Information

Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please include a copy of your Resale or Exempt Certificate)
Do you require purchase orders? <input type="checkbox"/> No <input type="checkbox"/> Yes Receive Monthly Statement by Email <input type="checkbox"/> US Mail <input type="checkbox"/>

I/we certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

Print Name _____ Title _____

Sign Name _____ Date _____

Please List Names of Persons Authorized to Charge to the Account:
 (Please notify us of any changes to the list)

TERMS & CONDITIONS

We hereby apply for credit with Costello's Ace Hardware and agree to the following regarding all purchases using the Costello's Ace Hardware Business charge.

1. A 10% discount will be given at the time of sale on invoices exceeding \$10; excluding sale, clearance or net items.
2. All invoices should be paid within 10 days after statement date (the 25th of every month) but must be paid within 30 days.
3. Invoices paid after 30 days are considered past due and lose all rights to discounts. In addition, all past due invoices will be subject to a 1.5% monthly service charge.
4. Costello's Ace Hardware may declare the unpaid balance to be due and payable if we, the customer, default in making any required payment in full when due and we agree to pay Costello's Ace Hardware (or its agent) all reasonable collection expenses, attorney's fees and court costs incurred in collecting this account.
5. If we do not pay on our account as agreed or exceed the credit limit, our business charge account will be temporarily suspended unless other arrangements are made with the Costello's Ace Hardware Credit Manager.
6. Costello's Ace Hardware will send us a statement each month which will show the unpaid balance for merchandise purchased including the monthly finance charge.
7. Our Accounting Department must be notified of any identification cards which have been lost or stolen, or are issued to a person who is no longer with your company. If we are not made aware of such cards, any charges made are your responsibility to pay. Call us at 631-243-2220, fax us at 631-243-2309, or e-mail to ar@costellosace.com.

Please acknowledge that the terms and conditions have been read and agreed to

Name: _____

Date: _____

FOR COMPANY USE ONLY

Date _____ Store _____ Employee _____

Credit Limit _____