



NOTICE:  
 C-15 LICENSE REQUIRED BY LAW TO PERFORM THIS WORK.  
 USE LICENSED CONTRACTORS ONLY.  
 CALL THE STATE DCCA OFFICE @ (808) 586-3000 TO CONFIRM

[www.accesshardware.net](http://www.accesshardware.net)  
[dale@accesshardware.net](mailto:dale@accesshardware.net)  
 Cell: (808) 870-4200

**Card Access Control Systems • Security Cameras • Automatic Doors • Parking Controls • ADA Operators**

**CREDIT APPLICATION**

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file.

**CUSTOMER INFORMATION**

Customer Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Owner: \_\_\_\_\_  
 TAX STATUS: Taxable \_\_\_\_\_ Resale \_\_\_\_\_ Government \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_  
*(if your tax status is other than taxable, please include a tax exempt form.)*

**BANK REFERENCE**

Banking Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CREDIT REFERENCES**

1) Company: _____	2) Company: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone # _____	Phone # _____
Comments: _____	Comments: _____

**TERMS OF SALE**

All monthly credit purchases are due by the 20<sup>th</sup> day of the month following month of purchase. All credit purchases shall be subject to a service charge on the 30<sup>th</sup> day of the month following the month of purchase of 2.0% per month (or a minimum charge of 65 cents for balances under \$33.30) which is an annual percentage rate of 24% applied to your previous statement balance after deducting current payments and/or credits. Collection costs, including reasonable attorney fees, shall be payable by the purchaser if the need arises to use outside collection services.

**AUTHORIZING STATEMENT**

The undersigned:

- 1) Certifies that all information provided is true and correct
- 2) Agrees to abide by the terms of sale specified above
- 3) Must attach a list on company letterhead of Authorized Signers on this Account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature (If Corp.) \_\_\_\_\_ Date: \_\_\_\_\_

**Maui Office: 285 Hukilike St. B102 • Kahului, HI 96732 • (808) 871-4200 • Fax (808) 877-0306**  
**Oahu Office: 2627 Kilihau St. Honolulu HI. 96819 • (808) 841-4200 • dale@accesshardware.net**