



PO Box 34221 / 1000 Century Drive
Kansas City, MO 64120
800/621-9128 fax 800/277-8527

CREDIT APPLICATION

Name of firm _____

____ Corporation ____ Proprietorship ____ Partnership ____ LLC ____ Subsidiary/Branch

Name of parent company (if subsidiary) _____

Phone _____ Fax number _____ Year Established _____

Mailing address:

Shipping address: (if different)

Address _____ Address _____

City _____ City _____

State _____ ZIP _____ State _____ ZIP _____

Owner / Partner (name) _____ Title _____

SS# _____ email _____

Owner / Partner (name) _____ Title _____

SS# _____ email _____

Purchasing contact _____ email _____

Accounts payable contact _____ email _____

Please send the invoices and statements via • mail _____ e-mailed _____ fax _____

Please send the order acknowledgements via • mail _____ e-mailed _____ fax _____

Type of business _____ Federal ID Number _____

SIC Code / NAICS _____

Amount of monthly credit you are requesting _____ C.O.D. _____ Credit Card _____ Net 30 _____

Have you ever done business with Midwest Wholesale Hardware before? Yes No If yes, Date _____

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Where do you currently buy door hardware? _____

How did you hear about us? Trade Magazine _____ Trade Show _____ Website _____

Other _____

References (Give only names of those with whom you are currently purchasing on open account, preferably from related industry.)

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Name _____ Acct. # _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Bank _____ Phone _____ Fax _____

Address _____ City _____ State _____ ZIP _____

Name of person to contact _____

Multi-Jurisdictional Sales Tax Exemption Certificate

☐ Blanket ☐ Single purchase

I certify that(name) _____ is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Lessor

Other _____

Address _____

City _____ State _____ Zip _____

is registered with the below listed state(s) and city(ies) within which your firm would deliver purchases to us and that any such purchases are exempt from tax for the following reason(s):

☐ Wholesale

☐ Retail in current form

☐ Resale as converted into or as component part of product produced by the undersigned

☐ Equipment used directly and primarily in the manufacturing of other products sold by the undersigned

☐ Equipment used directly and primarily in the Research and Development of other products sold by the undersigned

Products or Services Rendered: _____

City or State _____ Registration # _____

City or State _____ Registration # _____

City or State _____ Registration # _____

City or State _____ Registration # _____

City or State _____ Registration # _____

(if more than five please attach separate page)

I further certify if any property so purchased tax free is used or consumed by the firm as to make it subject to Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when the state law so provides or inform the seller for added tax billing. A finance charge of 1% per month will be added if invoices are not paid in full within 60 days. I, the undersigned, hereby swear (under the penalties of perjury and false swearing), that all of the information shown on this certificate is true.

Name _____ Title _____ Date _____
