

DateAcct. Type	Suom	Salesman		
	Hadlock Paint Credit Applicate the Hadlock Paint Credit Applicate the Hadlock Paint	Limit		
Applicant's buying name(As it should appear on account)				
Mailing address	Citv	State	Zin	
Delivery address	City	State	Zip	
County Telephone	#	Fax #	<u>Zip</u>	
Email:	Do you want Invo	Do you want Invoices & Statements emailedYES NO		
Type of Business:	Type of Ownersh	nio:	alled 1E3 NO	
Principal Owner's Name (print):	D:	Date Business Started		
Soc. Sec#	Anticipated Month	Anticipated Monthly Purchases \$		
Corporations must submit on I Individual must present 2 form	etterhead an acknowledge	ment of their intent to and must be preser	F A 1	
1. Name	Phone #	Acc #		
Address	City	State		
Fax #	-			
2. Name	Phone #	Acc #		
Address	City	State		
Fax #				
3. Name	Phone #	Acc. #		
Address	City	State		
Fax #				
The information above was furnished for the of meet commitment in accordance with establis charge of 1 ½ % per month, or annual percent collection is responsible for service charges, of the information from the supplier is not suffice check though the Rochester Credit Bureau.	tage rate of 18%. Normal terms collection and suit fees.	over 30 days, are subject are 1% 10 th , net 29. Any	to monthly finance account that goes to	
NY Sales Tax Exempt #		ned		
Must attach exempt certificate	Prir	at		
People Authorized To Charge. (print)				
7070 0 1 2				
7273 State Route 96 Customer #	Victor NY 14564		Phone: 585-924-8420	

WWW.HADLOCKPAINT.COM

Fax: 585-924-8843