



1695 Mission Street • San Francisco, California 94103 • Tel: 415-621-8511 • Fax: 415-621-1830

This form must be completed in its entirety for us to consider you for a credit customer. Submitting an incomplete application will only prolong the processing and approval of your account.

COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

NUMBER OF YEARS BUSINESS ESTABLISHED: _____ DO YOU (OWN) (RENT) (LEASE)

CONTRACTORS LICENSE NUMBER: _____

TAX EXEMPT? YES ___ NO ___ NUMBER _____

ESTIMATE OF MONTHLY CHARGES: _____

PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____ CORPORATION: _____ LLC: _____

NAME OF PRINCIPLE(S) or CORPORATE OFFICER(S):

1. _____ SOCIAL SECURITY NUMBER _____

2. _____ SOCIAL SECURITY NUMBER _____

3. _____ SOCIAL SECURITY NUMBER _____

HEAD OF PURCHASING - SIGN UP FOR DBS EMAILS FOR EXCLUSIVE OFFERS, SNEAK PEAKS, EMAIL ONLY PROMOTIONS, HOW TO EVENTS /DEMO DAYS, AND MORE.

PLEASE CHOOSE ONE OF THE FOLLOWING:

CONTRACTOR PROPERTY MANAGER OTHER NO THANKS

HEAD OF PURCHASING EMAIL ADDRESS: _____

ACCOUNTS PAYABLE EMAIL ADDRESS: _____

BUSINESS BANKING REFERENCE:

BANK NAME: _____

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____

BANK ADDRESS: _____

LIST THREE BUSINESS REFERENCES: (DO NOT LIST CREDIT CARD ACCOUNTS)

NAME: _____ PHONE NUMBER(S) _____

ADDRESS: _____ FAX NUMBER _____

NAME: _____ PHONE NUMBER(S) _____

ADDRESS: _____ FAX NUMBER _____

NAME: _____ PHONE NUMBERS(S) _____

ADDRESS: _____ FAX NUMBER _____

METHOD OF PURCHASE: PURCHASE ORDER _____ AUTHORIZED BUYERS _____
(YOU ARE RESPONSIBLE TO NOTIFY US ON YOU LETTERHEAD OF ANY CHANGES, ADDITIONS AND DELETIONS OF YOUR AUTHORIZED BUYERS)

AUTHORIZED BUYERS NAME:

1. _____ 2. _____ 3. _____ 4. _____
5. _____ 6. _____ 7. _____ 8. _____

AUTHORIZED BUYERS CAN PURCHASE THE FOLLOWING:

POWER TOOLS? YES _____ NO _____
POWER TOOLS ACCESSORIES? YES _____ NO _____
HAND TOOLS? YES _____ NO _____

GENERAL PAYMENT TERMS: NET 30. ALL INVOICES ARE DUE 10 DAYS FROM STATEMENT DATE. INVOICE COPIES ARE ELECTRONICALLY SENT AT TIME OF PURCHASE AND THERE IS A STATEMENT REFLECTING ACCOUNT ACTIVITY SENT ELECTRONICALLY AT THE 26TH OF EVERY MONTH. A SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANUM) WILL BE ADDED TO ALL ACCOUNTS PAST DUE.

ACKNOWLEDGEMENT OF TERMS

DATE: _____

_____	_____
Print Name	Sign Name
_____	_____
Print Name	Sign Name

NOTE: If you have partnership, both parties must sign. If you are corporation, an owner or officer must sign.

PERSONAL GUARANTEE

I / We personally guarantee payment of any and all indebtedness of the above account with Discount Builders Supply, and agree to be bound by the terms and conditions set forth in this application.

DATE: _____

_____	_____
Print Name	Sign Name
_____	_____
Print Name	Sign Name

NOTE: If you have a partnership, both parties must sign. If you are a corporation, an owner or officer must sign.

How did you hear about Discount Builders Supply? _____

If you have questions about this application or to submit if for consideration please contact our accounts receivable department. Marie Tel: 415-621-8511 ext. 210 Fax: 415-621-1830