



# CREDIT APPLICATION FORM

Submit this completed Credit Application form and all required documents (see Section B) to:

**Hardware Hawaii Attn: Credit Department**

Mail: 30 Kihapai St. Kailua, HI 96734

Fax: 808-266-1090

e-mail: creditmanager@hardwarehawaii.com

## SECTION A: COMPANY/PERSONAL INFORMATION

I would like to apply for a:				<input type="checkbox"/> Cash Account	<input type="checkbox"/> Credit Line	<input type="checkbox"/> Pre-Paid Account	(See Section B for more info)
I am applying as a(n):				<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual
Company/Individual Name				Parent Company Name			
Street Address				City		State	Zip Code
Billing Address (if different from above)				City		State	Zip Code
Telephone		Fax		Cell		Company Website	
Years in Business		Nature of Business				Credit Limit Desired \$	
GE License/Tax Identification #			Contractor's License #			Is this for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete Form G-17	
Are there any assets now assigned, pledged, liened as collateral for loans? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please explain.							
Are there any taxes past due? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please explain.							
Are you current with your tax filings? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, please explain.							

### List the full name of principal owners or authorized officers of corporation (Credit Line Accounts only)

Name	Title	Social Security #	% of Ownership

## SECTION B: DEFINITIONS & REQUIRED DOCUMENTATION

### CREDIT LINE ACCOUNT:

A pre-approved line of credit with Hardware Hawaii. Authorized individuals can charge purchases up to the account's credit limit. Payment is due thirty (30) days from the date of the invoice.

For Credit Line Accounts complete Sections A – H of this application and submit the following:

- Current Financial Statement
- Financial Institution Authorization Form
- List of Authorized Signers for your account
- Tax Returns (upon request)

### CASH ACCOUNT:

For licensed businesses purchasing items for the purpose of reselling only. Purchases by authorized individuals must be paid in full at the time of sale. Requires a general excise tax license and a completed G17 Resale Certificate for Goods form.

For Cash Accounts complete Sections A – D of this application and submit the following:

- G17 Resale Certificate for Goods Form
- List of Authorized Signers for your account

### PRE-PAID ACCOUNT:

The customer pays on the account in advance and authorized individuals are allowed to charge against it's available balance. When the available balance reaches \$1.00, the account is placed on hold until more funds are added.

For Pre-Paid Accounts complete Sections A – D of this application and submit the following:

- List of Authorized Signers for your account
- G17 Resale Certificate for Goods Form (required for reselling only)

**SECTION C: ONLINE ACCOUNT ACCESS**

YES, I would like to have my monthly statements e-mailed to me along with the corresponding invoices.

e-mail: \_\_\_\_\_

YES, I would like to have an i-Net account setup for me so I can check my account balances, view statements and invoices online.

YES, I would like more information on Hardware Hawaii's bonding program.

**SECTION D: AGREEMENT**

Upon approval of this application for credit, I/we do hereby agree that this extension of credit shall be subject to the following terms and conditions:

1. I/we understand and agree to pay the amount(s) due in full as evidenced by the account, not later than thirty (30) days following the date of the invoice(s) in which the indebtedness was incurred.
2. I/we agree that any and all amounts NOT paid within the time allowed in Paragraph 1 above shall be considered delinquent and shall bear interest at the rate of one and one-half percent (1-1/2%) per month or eighteen percent (18%) per annum.
3. In requesting that Hardware Hawaii consider this credit application, I/we understand and agree that a credit report(s) may be obtained from Dun & Bradstreet, Experian, TransUnion or Equifax to evaluate the credit worthiness or the undersigned as principal(s), proprietor(s), individual(s) and/or guarantor(s).
4. In reference to the above-mentioned credit report agencies, I/we understand and agree that any delinquencies may be reported at the end of each accounting cycle without any notification to the account holder. This right is reserved by Hardware Hawaii.
5. In the event a delinquent account is referred for collection to an agency or attorney, I/we agree to pay in addition to the amount of said account all costs of collection including reasonable attorney's fees.
6. Upon demand, the undersigned will provide security for any and all indebtedness owing by the undersigned to you, including real estate mortgages or deeds or trust, inventory liens, assignments or contracts and accounts receivable, and chattel mortgages.

Everything I have stated in this application is true and correct to the best of my knowledge. I authorize Hardware Hawaii, both now and in the future to check my personal credit history and the credit history of the business. I also authorize my bank to make available to Hardware Hawaii, both now and in the future, any financial information in its possession relating to me or to the company including: account information, loan information, financial reports, credit evaluations, reports prepared by credit agencies and information obtained from creditors. By signing below I agree with all of the above.

Authorized Signature	Print Name & Title	Date

**SECTION E: GUARANTY**

In consideration of your credit to the foregoing applicant, the undersigned jointly and severally guarantee the payment promptly when due of all obligations of said applicant to you. We waive presentment and demand for payment, protest and notice of non-payment, and we subordinate to you any rights you may now or hereafter have against applicant and we waive notice of acceptance hereof. We consent that you may, without affecting our liability, compromise or release, and grant extensions of time of payment to applicant, and we consent to the transfer to you of security by applicant. We shall pay all attorney's fees and expenses of collection in the event of referral to any agency or attorney(s). This guaranty shall not be discharged or affected by death of any of the undersigned and shall bind our respective heirs, administrators, representatives, successors and assigns.

Guarantor Signature	Print Name	Date

Guarantor Signature	Print Name	Date

Guarantor Signature	Print Name	Date

**SECTION F: CREDIT/PERSONAL REFERENCES**

Company Name		Company Name		Company Name	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Contact Person		Contact Person		Contact Person	
Contact e-mail		Contact e-mail		Contact e-mail	
Telephone	Fax	Telephone	Fax	Telephone	Fax
Nature of Association	Time Associated	Nature of Association	Time Associated	Nature of Association	Time Associated

**For Contractors Only: List Current Jobs in Progress**

Job Name	Location	Type of Project	Contract Amount \$
Job Name	Location	Type of Project	Contract Amount \$
Job Name	Location	Type of Project	Contract Amount \$
Job Name	Location	Type of Project	Contract Amount \$

Total outstanding construction contracts as of this date. \$ \_\_\_\_\_ Total uncompleted portion of all contracts as of this date. \$ \_\_\_\_\_

Have you bonded before?  Yes  No. If Yes, by which bonding company(ies)? List name and address.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SECTION G: ACCOUNTS PAYABLE INFORMATION**

Payable Contact Name		Title	
Telephone & Extension	Fax	e-mail	
You can reach me between the hours of:		My payment cycle is <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly	
If you are unable to reach me, you can contact:		Title	
Telephone & Extension	Fax	e-mail	

**SECTION H: FINANCIAL STATEMENT**

A current Financial Statement is required with this application for Credit Line Accounts. Please include a copy.



**LIST OF AUTHORIZED SIGNERS**

Submit this completed Authorized Signers form along with any required documents to:  
**Hardware Hawaii Attn: Credit Department**  
Mail: 30 Kihapai St. Kailua, HI 96734  
Fax: 808-266-1090  
e-mail: creditmanager@hardwarehawaii.com

**COMPANY/PERSONAL INFORMATION**

Company/Individual Name	Account Number	Date
Contact Person (if different from above)	Phone Number	This is a(n): <input type="checkbox"/> New list <input type="checkbox"/> Updated list

PLEASE NOTE: You are responsible for keeping your list of authorized signers current. All additions and/or deletions to this list must be made in writing. Hardware Hawaii will only recognize the most recent list of authorized signers provided to us.

**All authorized signers must present a valid photo ID at time of purchase.**

**NAMES OF AUTHORIZED SIGNERS**

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

Additional instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature

Print Name & Title