



PaulB

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PaulBhardware.com

50 Wood Corner Rd
Lititz, PA 17543-8328

Account Application

Payment Terms: Credit Card On File:

Business Name _____ Year Est. _____

Type of Business _____ Annual Revenues _____ # Employees _____

Email _____ Phone () _____ Fax () _____

Billing Address:

Street Address _____

City _____ State _____ Zip _____

Shipping Address:

Street Address _____

City _____ State _____ Zip _____

Owner _____

Address _____

Owner _____

Address _____

Taxable: Yes No If No, please provide a valid tax exemption certificate.

Accounts Payable Email Address _____

Receive via Email: Statements Invoices

References *(Required if applying for Payment Terms)*

No credit card or bank reference will be accepted. Four **business** references (**places you have a charge account**) are required to complete this application. Please allow 2-3 weeks for processing the application.

Fax numbers or email addresses reduce the processing time.

Name _____ Phone () _____

Street _____ Fax () _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone () _____

Street _____ Fax () _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone () _____

Street _____ Fax () _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Name _____ Phone () _____

Street _____ Fax () _____

City _____ State _____ Zip _____

Email Address _____ Account # _____

Applicant Signature _____ Date _____

(By signing, I certify that PaulB can run a credit check (if applying for terms) and that the information provided is accurate and I am authorized to apply for this account.)

Office Use: Date Received _____