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## Credit Application

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

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 \_\_\_\_\_

(Your signature authorizes PaulB to run a credit check.)

Office Use: Date Received \_\_\_\_\_