



AKRON HARDWARE™

CREDIT AGREEMENT
AKRON HARDWARE CONSULTANTS, INC.
1100 KILLIAN RD.
AKRON, OHIO 44312
PH. 800-321-9602
FAX 800-328-6070

ACCT. # _____
CODE # _____
ENTERED _____
APPROVED _____

COMPANY INFORMATION

Company Name: _____

BILLING ADDRESS: _____ **SHIPPING ADDRESS:** _____

City / ST / Zip: _____ City / ST / Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Type of ownership: Sole Proprietorship Partnership Corporation Date of Incorporation: _____

Invoice / Statement delivery preference: E-mail to this address: _____

Fax to Accounting - Fax # _____ Attn: _____

U.S. Mail

Payment Cycle: _____ Estimated monthly credit required: _____

Federal I.D. or S.S.#: _____ State Tax Exempt* #: _____

***REQUIRED - CERTIFICATE ON FILE REQUIRED FOR COMPANIES LOCATED IN: AZ, CA, OH, TN, PA, NC, TX**

PRINCIPLE OWNERS

Name: _____ Name: _____

Address: _____ Address: _____

City / ST / Zip: _____ City / ST / Zip: _____

Title: _____ Title: _____

TRADE REFERENCES

Company: _____ Company: _____

Address: _____ Address: _____

City / ST / Zip: _____ City / ST / Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Company: _____ Company: _____

Address: _____ Address: _____

City / ST / Zip: _____ City / ST / Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

BANK INFORMATION

Bank Name: _____ Account #: _____

Address: _____ Contact: _____

City / ST / Zip: _____ Phone: _____ Fax: _____

TERMS AND CONDITIONS OF SALE

"I agree to pay my account in accordance with Akron Hardware Consultants, Inc.'s terms of Net 30 days. I agree to pay all costs in the collection of past due payments whether or not a suit or action is filed. If litigation is commenced, I agree to pay such additional sums as the court may judge to be reasonable as attorney's fees in the litigation, or any appeal therefrom. Should a dispute arise, the laws of the State of Ohio and the terms and conditions of this credit agreement shall govern. All disputes must be filed in the State of Ohio, County of Summit. Akron Hardware Consultants, Inc. is hereby authorized to investigate all trade references and obtain information from credit reporting agencies. In the event of checks being returned by the bank for insufficient funds I agree to pay the current bank rate per each check returned. I understand that credit is extended by Akron Hardware Consultants, Inc. for my convenience and that Akron Hardware Consultants, Inc. shall have the right to terminate this agreement at any time without notice to me. I agree that upon termination of this credit agreement, all sums owing on the date of termination shall be immediately due and payable, together with charges applicable thereto. The information herein contained is complete and truthful. **I have read and accept the terms and condition of sale shown on this credit agreement.**"

COMPANY: _____ DATE: _____

BY: _____ TITLE: _____



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Please list Sales, Purchasing, and other key contacts within your organization:

Name: _____ Title: _____ E-mail: _____

Send email correspondence regarding news and information from Akron Hardware to this contact?

Name: _____ Title: _____ E-mail: _____

Send email correspondence regarding news and information from Akron Hardware to this contact?

Name: _____ Title: _____ E-mail: _____

Send email correspondence regarding news and information from Akron Hardware to this contact?

Please list branch locations (if applicable).

Account Name: _____ Branch Contact: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Account Name: _____ Branch Contact: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Which of the following best describes your company?

- Contract distributor of builders hardware
- Locksmith shop
- Access control systems integrator
- Residential Hardware Distributor
- Wholesale distributor builders hardware
- Wholesaler of locksmith supplies
- Distributor of access control products
- Distributor of doors and frames
- Glass and glazing contractor
- Lumberyard / Buying Group
- Other _____

Please indicate the categories of products you are currently involved in.

- Mechanical locks, Door closers, Exit devices
- Integrated access control systems
- Card readers / Keypads
- Residential Hardware
- Electrified locks, Strikes, Exit devices
- Push Button Locks
- Power supplies / Batteries

Please check the manufacturers that you currently have an open account with.

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> ACSI | <input type="checkbox"/> Adams Rite | <input type="checkbox"/> Arrow | <input type="checkbox"/> Baldwin | <input type="checkbox"/> Corbin Russwin |
| <input type="checkbox"/> Dorma | <input type="checkbox"/> Falcon | <input type="checkbox"/> Folger Adam | <input type="checkbox"/> Hager | <input type="checkbox"/> HES |
| <input type="checkbox"/> Kaba Access | <input type="checkbox"/> Kaba Ilco | <input type="checkbox"/> Kwikset | <input type="checkbox"/> LCN | <input type="checkbox"/> McKinney |
| <input type="checkbox"/> Medeco | <input type="checkbox"/> Monarch | <input type="checkbox"/> Norton | <input type="checkbox"/> PDQ | <input type="checkbox"/> Rixson |
| <input type="checkbox"/> Sargent | <input type="checkbox"/> Schlage | <input type="checkbox"/> Securitron | <input type="checkbox"/> Von Duprin | <input type="checkbox"/> Yale |

Please check any manufacturer whose products you purchase through wholesale distribution.

- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> ACSI | <input type="checkbox"/> Adams Rite | <input type="checkbox"/> Arrow | <input type="checkbox"/> Baldwin | <input type="checkbox"/> Corbin Russwin |
| <input type="checkbox"/> Dorma | <input type="checkbox"/> Falcon | <input type="checkbox"/> Folger Adam | <input type="checkbox"/> Hager | <input type="checkbox"/> HES |
| <input type="checkbox"/> Kaba Access | <input type="checkbox"/> Kaba Ilco | <input type="checkbox"/> Kwikset | <input type="checkbox"/> LCN | <input type="checkbox"/> McKinney |
| <input type="checkbox"/> Medeco | <input type="checkbox"/> Monarch | <input type="checkbox"/> Norton | <input type="checkbox"/> PDQ | <input type="checkbox"/> Rixson |
| <input type="checkbox"/> Sargent | <input type="checkbox"/> Schlage | <input type="checkbox"/> Securitron | <input type="checkbox"/> Von Duprin | <input type="checkbox"/> Yale |

How often do you purchase from wholesalers? Daily Weekly 2-3 times per month Monthly

Which of the following best describes your company's purchasing process?

- A centralized purchasing department processes all P.O.'s
- Purchase orders are submitted by multiple staff members within our company
- Other (explain) _____

Preferred method of ordering: Phone Fax E-mail On-line order entry

Questions or comments... Please call us toll free at 800-321-9602