

# STRASSER HARDWARE

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# BUSINESS ACCOUNT APPLICATION

Email to: ar@strasserkc.com

DATE: \_\_\_\_\_

BUSINESS INFORMATION						
BUSINESS NAME			PRINCIPAL CONTACT OR PURCHASING MANAGER:			
ADDRESS			ADDRESS (IF DIFFERENT)			
CITY	STATE	ZIP	CITY	STATE	ZIP	
PHONE	FAX		PHONE	FAX	E-MAIL	
<input type="checkbox"/> CHECK IF WRITTEN PURCHASE ORDER REQUIRED		FEDERAL I.D. NUMBER		YEARS IN BUSINESS		
<input type="checkbox"/> CHECK IF PURCHASE ORDER NUMBER REQUIRED		<input type="checkbox"/> CHECK IF TAX EXEMPT (MUST SEND CERTIFICATE)				
NATURE OF BUSINESS						
LIST OF AUTHORIZED PERSONNEL						CAN AUTHORIZE OTHER TO USE ACCOUNT? Y/N
NAME			PHONE NUMBER (IF DIFFERENT THAN ABOVE)			
BUSINESS CREDIT APPLICATION						
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)			ACCOUNTS PAYABLE CONTACT			
CITY	STATE	ZIP	PHONE	FAX	E-MAIL	
LIST OF OWNERS, PARTNERS or OFFICERS						
NAME		TITLE	% OF OWNERSHIP	YRS OF OWNERSHIP	S.S. #	
Please list three(3) local open accounts that have a minimum of ONE YEAR. This does not include banks, personal credit references or credit cards.						
COMPANY NAME:			ACCOUNT NUMBER:			
ADDRESS:			CITY:	STATE:	ZIP:	
PHONE:	FAX:		CONTACT NAME:			
COMPANY NAME:			ACCOUNT NUMBER:			
ADDRESS:			CITY:	STATE:	ZIP:	
PHONE:	FAX:		CONTACT NAME:			
COMPANY NAME:			ACCOUNT NUMBER:			
ADDRESS:			CITY:	STATE:	ZIP:	
PHONE:	FAX:		CONTACT NAME:			
AUTHORIZATION TO CHECK CREDIT						
The undersigned represents that all information with this application is correct and true and hereby authorizes Strasser Hardware to obtain from third parties, information it deems necessary to arrive at a credit decision regarding this application.						
Signature _____			Title _____		Date _____	