



Credit Application

COMPANY/PERSONAL INFORMATION					
I would like to apply for a:		Cash Account	Credit Line	Pre-Paid Account	<small>(See page 3 for definition of each program)</small>
I am applying as a(n):		Sole Proprietorship	Partnership	Limited Partnership	Corporation Individual
Company/Individual Name			Parent Company Name		
Street Address			City	State	Zip
Billing Address			City	State	Zip
Telephone	Fax	Cell		Pager	
Company Website Address					
Years in Business		Nature of Business		Credit Limit Desired \$	
GE License/Tax Identification #		Contractor's License #		Is this for resale? If Yes, please complete form G-17	
Are there any assets now assigned, pledged, liened as collateral for loans? If Yes, please explain.					
Are there any taxes past due? If Yes, please explain.			Are you current with your tax filings? If No, please explain.		

Full name of principal owners or authorized officers of corporation		
Name/Title	Soc. Sec. No.	% of Ownership?
Name/Title	Soc. Sec. No.	% of Ownership?
Name/Title	Soc. Sec. No.	% of Ownership?
Name/Title	Soc. Sec. No.	% of Ownership?

CREDIT/PERSONAL REFERENCES			
Company Name		Nature of Business	
Address		City	State Zip
Contact Name		E-Mail of Contact	
Telephone	Fax	How long associated?	
Company Name		Nature of Business	
Address		City	State Zip
Contact Name		E-Mail of Contact	
Telephone	Fax	How long associated?	
Company Name		Nature of Business	
Address		City	State Zip
Contact Name		E-Mail of Contact	
Telephone	Fax	How long associated?	

Contractors

Current Jobs In Progress:

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)

 Name Address

Financial Statement

A current financial statement is required with this application and attached for completion.

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 as evidenced by my/our initials.

AGREEMENT

_____ 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.

_____ 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.

_____ In requesting that Hardware Hawaii consider this credit application, I (we) understand and agree that a credit report(s) may be obtained from Duns & Bradstreet, Experian, Transunion or Equifax to evaluate the credit worthiness of the undersigned as principal(s), proprietor(s), individual(s) and/or guarantor(s).

_____ 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.

_____ In the event that 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 fee.

_____ Upon demand, the undersigned will provide to you security for any and all indebtedness owing by the undersigned to you, including real estate mortgages or deeds or trust, inventory liens, assignments of 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

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(S) SIGNATURE: _____ GUARANTOR(S) PRINT NAME: _____ DATE: _____

ACCOUNTS PAYABLE INFORMATION		
Payable Contact Name		Title
Telephone & Ext.	Fax	E-Mail
You can reach me between the hours of:		My payment cycle is: Weekly Bi-weekly Bi-monthly Monthly
If you are unable to reach me, you can contact:		Title
Telephone & Ext.	Fax	E-Mail

YES, I would like to have my monthly statements e-mailed to me along with the corresponding invoices. Please use the following e-mail address: _____

YES, I would like to have an online account set-up for me.

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

FORMS CHECKLIST (please remember to submit the following forms along with your application)

G-17 Form (required for resale)

List of Authorized Signers for your account

Financial Statements

Tax Returns (upon request)

Submit documents to: Hardware Hawaii – Credit/Collections Department
 By mail: 30 Kihapai Street, Kailua, HI 96734
 By fax: 808-266-1090
 By e-mail: creditmanager@hardwarehawaii.com

PROGRAM DEFINITIONS:

CASH ACCOUNT: A general excise tax license is needed and a cash account application is submitted with a completed G-17 (for resale only). Upon checkout, a sales tax discount is taken of the total of the sales purchase. The items are paid using either cash, check or credit card.

CREDIT LINE ACCOUNT: A credit application is completed and submitted. After review, it is either approved or denied. If approved, an approval letter is sent to you with an account number and a credit line amount. Authorized signers are listed on the account and upon checkout a photo id is presented to the cashier to complete the charge to the account.

PRE-PAID ACCOUNT: A "savings" account is set-up by the customer and authorized signers are allowed to charge against the amount in the savings. When the account comes down to \$1.00, the account is placed on hold until the customer adds more money to the savings.

FOR HARDWARE HAWAII CREDIT/COLLECTION DEPARTMENT USE ONLY

Company/Personal Information															
Completed? Yes No		Signed? Yes No		G-17 Form? Yes No		Website? Yes No		E-Hawaii.Gov? Yes No		Statements? Yes No		Guaranty? Yes No			
Trade/Credit References															
Reference #1				Reference #2				Reference #3							
Reference form faxed/mailed? Yes No		Reference form returned? Yes No		Reference form faxed/mailed? Yes No		Reference form returned? Yes No		Reference form faxed/mailed? Yes No		Reference form returned? Yes No					
Past due? \$		Timeliness? P A S		Past due? \$		Timeliness? P A S		Past due? \$		Timeliness? P A S					
Credit Limit or High?		Current Balance?		Credit Limit or High?		Current Balance?		Credit Limit or High?		Current Balance?					
NOTES:				NOTES:				NOTES:							
Bank Reference															
Financial Institution Authorization form completed? Yes No				Was form faxed to Bank? Yes No				Does bank charge a fee? Yes No If yes, \$				Form returned? Yes No			
Credit Reports															
Duns & Bradstreet				TransUnion				NOTES:							
DUNS #:		Rating:		Credit Score:											
Paydex 3?		Paydex 12?		Credit Summary:											
Credit Rec? /				Public Records:											
UCC Filings? Yes No		Tax Liens? Yes No		Collections:											
Investigation ordered?				Trades:											
Accounts Payable Information															
Completed in entirety? Yes No				Payment cycle? W BW BM M											
APPROVED						DENIED									
New Account #:				Account created date:				Reason:				Cash Acct. Opened?			
Credit Line/Limit: \$				Approval letter sent date:				Denial letter sent date:				Denial logged?			

Approved/Denied By _____

Date _____

- 1) Scan and save in Blackbird.
- 2) Set tickler for 6 month review and 1 year review.

NOTES:

STATE OF HAWAII — DEPARTMENT OF TAXATION
RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1

(PLEASE PRINT OR TYPE)

To _____
(Name of Seller)

(Address of Seller)

(Date of this Certificate)

(City) (State) (ZIP Code)

The undersigned hereby certifies:

- That the Purchaser is the holder of Hawaii Tax Identification No. **W** _____ - _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State;
- That the nature and character of the Purchaser's business is:

_____;
- That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply;
- That all of the purchases of tangible personal property to which this Certificate applies:
 - are purchases for resale at retail under Chapter 237, Hawaii Revised Statutes (HRS); **and/or**
 - are purchases for resale at wholesale under Chapter 237, HRS;
- That the Purchaser, pursuant to Chapter 237, HRS, as amended, and Hawaii Administrative Rules, relating to resale certificates, sales at wholesale, and the exemption for initial wholesale sales of property imported for further resale at wholesale, shall pay to the seller, the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate; AND
- Further certifies to the foregoing as Purchaser or as an authorized agent or representative of the named Purchaser under the penalties set forth in section 231-36, HRS.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

City State Zip Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.