

## Commercial/Industrial Account Application

## **Benefits of opening an account:**

- \* Bulk pricing **discount** plan tailored to your account.
- \* **Your choice** to have invoice copies emailed at time of purchase.
  - \* Purchase history captured for future discounts and re-buys.
    - \* Online invoice/statement viewing
    - \* Electronic statements emailed monthly

Thank you for your interest in opening a Commercial/Industrial Account with us.

Please return application to Rene Duran's attention at:

## **Cheyenne Ace Hardware**

3575 E Lincolnway Cheyenne, WY 82001 Phone: 307-514-0009

<u>www.acehardwarecheyenne.com</u> ww<u>w.facebook.com/acehardwarecheyenne</u>

Commercial Account Contact: Tillie Duran

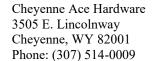
**Account Specialists:** 

Rene Duran rene@acehardwarelaramie.com Cheryl Medina cheryl@acehardwarelaramie.com



Cheyenne Ace Hardware 3505 E. Lincolnway Cheyenne, WY 82001 Phone: (307) 514-0009

| Company Name:   | Assigned   | Assigned Account # (office use only):  |  |  |
|---|--|--|--|--|
| Address:  | City:  | State:   | Zip:   |  |
| Phone: ()   | Fax: ()  |  |  |  |
| Business Type:<br>choose one  | Contractor Manufacture Service Other:  | Distribution/W Municipality/C Property Mana  | Government<br>agement  |  |
| PURCHASING Contact:   |  | Email:   |  |  |
| Tax Exempt: Yes or No   | Government/Resale  | /Charitable or Church  |  |  |
| State Sales Tax ID Number   | or FED ID #:   |  |  |  |
| <ul><li>A. All statements mus</li><li>B. If account is not pa</li></ul> | on on this form is correct and   | e account will be placed of lover for collection and c F MONTH.  Il be charged to all invoice or collection fees and cost that I have read and under | on hold. closed. es over 30 days old. ts in order to collect |  |
| ACCOUNTING Contact  | ct:  | Email:   |  |  |
| Phone:  | Fax:   |  |  |  |
| acehardwarelarami Please email (invoi                                   | up an online account to view e.com (user name & passworce copies / monthly stateme Rewards Member: # | ord provided by office) ents) to:  |  |  |
| Authorized Signature:   | 7  | Γitle:   | Date:  |  |





| PLEASE ATTACH 3 BUSINESS REFERENCES & | & P | BANK | INF( | ORM | ATI( | )N |
|---------------------------------------|-----|------|------|-----|------|----|
|---------------------------------------|-----|------|------|-----|------|----|

All References **MUST** include:

- Business Name
- Complete Address
- Phone Number
- Fax Number
- Email Address

| Do you require a Purchase Order/Job Description/Job Location? YES NO |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| First & Last Names of Authorized Purchasers:                         |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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