



AKRON HARDWARE™

# CREDIT AGREEMENT

AKRON HARDWARE CONSULTANTS, INC.  
1100 KILLIAN RD.  
AKRON, OHIO 44312  
PH. 1-800-321-9602 FAX 1-800-328-6070

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**

**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: \_\_\_\_\_

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Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City / ST / Zip: \_\_\_\_\_ City / ST / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**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: \_\_\_\_\_



**Please list key Sales and Purchasing contacts within your organization.**

**Company:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list branch locations (if applicable).**

Account Name: \_\_\_\_\_ Branch Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Account Name: \_\_\_\_\_ Branch Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Which of the following best describes your company?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Contract distributor of builders hardware | <input type="checkbox"/> Locksmith shop                              | <input type="checkbox"/> Access control systems integrator      |
| <input type="checkbox"/> Wholesale distributor builders hardware   | <input type="checkbox"/> Wholesale distributor of locksmith supplies | <input type="checkbox"/> Distributor of access control products |
| <input type="checkbox"/> Distributor of doors and frames           | <input type="checkbox"/> Glass and glazing contractor                | <input type="checkbox"/> Other _____                            |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mechanical locks, Door closers, Exit devices | <input type="checkbox"/> Integrated access control systems | <input type="checkbox"/> Card readers / Keypads     |
| <input type="checkbox"/> Electrified locks, Strikes, Exit devices     | <input type="checkbox"/> Push Button Locks                 | <input type="checkbox"/> 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"/> Cal Royal  | <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"/> Kaba Mas    | <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"/> Cal Royal  | <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"/> Kaba Mas    | <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