

"Helping You Put Things Together For Over 25 years"

Five convenient locations to serve you

•Montgomery, AL (334) 271-315

•Selma Bolt, Selma, AL (334) 872-4001

•Opelika, AL (334) 364-0080

•LaGrange Fasteners, LaGrange, GA (706) 812-8420

•Nuevo Laredo, MX

Thank you for your interest in	Store Room Fasteners	s, Inc., we look forwa	rd to working with you.	
Billing Name				
Address	use the name that is p		.) Federal Tax ID	
City	State		Zıp	
Phone (F	ax ()		
Subsidiary/Parent Company Name				
Trade or DBA Name				
Nature of Business				
☐ Individual ☐ Proprietorship ☐ Partne	ership 🗆 LLC 🗀 Corpo	oration Other		
Date Business Established	Ar	inual Sales		
Ship-to Name				
Shipping Address		City		
State Zi	p	County		
Ship to Contact	Email		Phone	
Please provide applicable tax rates for the can be added on a separate sheet.	e above shipping addı	ess. Additional shipp	oing addresses and tax information	
Township/PJ General	Rate %	Machine Rate	%	
City - General Rate	%	Machine Rate	<u>%</u>	
County - General Rate	<u> </u>	Machine Rate	%	
State- General Rate	%	Machine Rate	%	
Tax Exempt ☐ Yes ☐ NO Tax Certificat	e Number			
Please provide a copy of your sales tax exc				
documentation to receive reduced tax rate	-	,		
Which of our locations will you most likely	y buy from?			
\square Montgomery, AL \square Selma, AL \square Ope	elika, AL 🗌 Lagrange	, GA \square Mexico		
PO Required \square Yes \square NO				
To reduce cost, we prefer to email or fax invoices and statements. Please mark your preference. \Box Email \Box Fax				
Accounts Payable Contact				
Email	Telephone		Fax	

SRF Credit App	lication Page 2		
Officers / Owners:			
Name	Title		
Residence			
Phone Social S	Security Number		
Name	Title		
Residence			
Phone Social S	Social Security Number		
References:			
Bank Name	Contact		
Telephone	Fax		
Company Name	Contact		
Telephone			
Company Name	Contact		
Telephone			
Personal Guaranty:			
I (We),			
	in consideration of Store Room Fasteners, Inc. (Creditor)		
extending credit at my request to for merchandise purchased from Creditor by Debtor. This gu			
force until written notice of revocation. Such revocation sha			
Debtor prior to receiving such notice of revocation, but shall	be effective after receipt of the notice of revocation.		
Payment Terms and Conditions:			
I (We), request a credit account with Store Room Fasteners, as stated on this application and future invoices or statement the tenth of the month following the bill date. Service charg percent (18%). In the event of nonpayment, Debtor agrees tincluding attorney's fees. Any legal action taken by Creditor payments must be made in US Dollars remitted to Store Room unless otherwise agreed upon in a separate written agreement.	nts. Our terms are net as stated on the invoice if paid by es on past due balances shall be at a rate of eighteen o pay all reasonable charges related to collection, shall be filed in a court in the state of Alabama. All om Fasteners, 600 NE Blvd., Montgomery, Alabama, 36117		
By signing this application, Debtor is certifying that the informand gives the Creditor authorization to obtain Debtor credit			
Print Name	Date		
Authorized Signature			
Signature is a requirement for opening an account.			

<u>Please fax this application to (334) 386-3029; email to ar@srfinc.com; or mail to Store Room Fasteners, 600 NE Blvd.,</u> <u>Montgomery, AL 36117-2216.</u> If you have any questions, please call (334) 271-3152.

Credit Limit Requested ______ SRF Salesperson _____ Cell ____