

# STEP 1

Please  
complete  
entire  
application.

## Great Lakes **ACE** Hardware

### Commercial Charge Account Application

Store # \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Account # : \_\_\_\_\_

Account Name: \_\_\_\_\_

Bill To: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_

Federal ID # : \_\_\_\_\_ D&B # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Great Lakes Ace would like to email invoices and statements in lieu of mailing. The email would be sent from [accountsreceivable@greatlakesace.com](mailto:accountsreceivable@greatlakesace.com). Please check box approving emailed invoices:    Yes    No ☐

Your email address for billing: \_\_\_\_\_

If you are tax exempt, please send a blanket tax exemption certificate and complete the following:

Tax Exemption # : \_\_\_\_\_ Tax Exempt Reason : \_\_\_\_\_

Is a purchase order required for each purchase?    Yes ☐    No ☐

**Note:** If you select **YES**, our system will not allow an account purchase without a purchase order.

Is an authorized signer required for each purchase?    Yes ☐    No ☐

**Note:** If you select **YES**, our system will only allow an authorized signer to make purchases. If you select **NO**, all purchases made on your account will be your responsibility.

If **Yes**, please list authorized signers (attach additional sheet if necessary):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Credit References (please fill out completely)

STEP **2**

Please  
complete  
entire  
application.

Bank Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Account ID # : \_\_\_\_\_

Credit Reference: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Account ID # \_\_\_\_\_

Credit Reference: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Account ID # \_\_\_\_\_

Credit Reference: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Account ID # \_\_\_\_\_

Credit Reference: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Account ID # : \_\_\_\_\_

For quick approval of this application, simply email completed form to: [accountsreceivable@greatlakesace.com](mailto:accountsreceivable@greatlakesace.com)

Payment is due upon receipt of monthly statement. The undersigned understands that a 1-1/2% monthly finance charge (18% annually) may be added to any balance over 30 days. In the event of default, the undersigned promises to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to affect collections.

Signed: \_\_\_\_\_ (must be signed by an officer)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_