

Quick Charge Application

HD Supply Facilities Maintenance P.O. Box 509055, San Diego, CA 92150-9055

New Accounts: Phone: 1-800-798-8809 Fax: 1-800-283-8883

HD SUPPLY
MAINTENANCE SOLUTIONS

Requested credit limit

Please check if applicable: I need a catalog I need to place an order Order attached

(Anticipated monthly spend)

Property or Business Information (FOR ADDITIONAL PROPERTIES, PLEASE ATTACH A PROPERTY LIST)

Property or Business Name _____
Address _____ City _____ State _____ Zip _____
County _____ Phone (____) _____ Fax (____) _____
P.O. Box _____ City _____ State _____ Zip _____
Number of Units/Rooms _____ Property Type: Multifamily Hospitality Healthcare Education Government Commercial Other _____
Billing Address: Owner/Management Co. Property Other _____

Are you sales tax exempt?
(An exemption certification must be attached.) Yes No

Owner or Management Information Owner Fee Management Co. Date Property Purchased _____

Total Properties Owned/Managed _____ Total Units Owned/Managed _____ Years in Business _____
Business Name _____
Address _____ City _____ State _____ Zip _____
P.O. Box _____ City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
Type of Business: Sole Proprietorship Corp Partner LLC Government Other _____
D&B DUNS Number Headquarters _____ D&B DUNS Number Branch _____

Company Principals

Name/Title _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____

Bank Reference Account Type: Checking Savings Loan Account # _____

Bank Name _____ Fax (____) _____
Address/Branch _____ Phone (____) _____
City _____ State _____ Zip _____

Reference (MAINTENANCE SUPPLIES, HARDWARE, PAINT, BUILDERS' SUPPLY, ETC.) PLEASE EXCLUDE UTILITIES, SERVICES, AND PERSONAL CREDIT LINES.

Company Name _____ Phone (____) _____ Fax (____) _____
Account Name _____ Account # _____ Credit Limit _____

Purchasing Instructions

Preferred Authorization Contact Method Phone Fax E-mail

P.O. required for all purchases P.O. required only for orders over \$ _____ Approval required if order is over \$ _____

Approval Contact Name/Title _____ Authorization Phone (____) _____

Authorization E-mail _____ Authorization Fax (____) _____

Optional Authorized Purchasers' Names: COMPLETE THIS SECTION ONLY IF YOU WISH TO REGULARLY MAINTAIN AUTHORIZED PURCHASERS.

1. Name/Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (____) _____ Fax (____) _____

2. Name/Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (____) _____ Fax (____) _____

3. Name/Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (____) _____ Fax (____) _____

Terms of Payment Invoices are mailed daily and are due 30 days from invoice date. A minimum charge of \$2.00 or 1.5% per 28-day cycle, 18% per year, is charged on past due invoices. Signature indicates that all invoices will be paid according to the terms listed above or on invoice and that signee agrees to pay any associated costs to collect past due invoices including reasonable attorney's fee. Signature also authorizes all creditors/banks to accept a photocopy of the signature and release credit information to HD Supply Facilities Maintenance.

Title Management Company Principal Property Owner Other _____

Signature _____ Date ____ / ____ / ____

Name (PLEASE PRINT) _____ Title _____

CAT-10-4009