

6930 Arlington Road Bethesda, Maryland 20814 301-654-5688 * F 301-654-5699 10110 River Road Potomac, Maryland 20854 301-299-6333 * F 301-299-4568 10504 Connecticut Avenue Kensington, Maryland 20895 301-933-4980

CASH ACCOUNT APPLICATION

NOTICE: THIS IS APPLICATION IS NOT FOR A CHARGE ACCOUNT WITH BILLING TERMS. To avoid processing delays, please note that when you are applying for a <u>Cash Discount</u> account, you must have and supply us with a copy of your Painters' and/or Home Improvement License, Business License and Driver's License copy. <u>Failure to do so may result in the denial of this application.</u>

SUBMIT TO: STROSNIDERS HARDWARE OF BETHESDA		OFFICE 301-654-5688	FAX 301-654-5699
BUSINESS NAME:			
BUSINESS ADDRESS:			
E-MAIL ADDRESS (ES):			
E-MAIL ADDRESS (ES).			
PHONES:	CONTAC	Т:	
FAX NUMBER:	TYPE OF	YPE OF BUSINESS:	
YEAR BUSINESS STARTED:	YEARS A	T PRESENT LOCAT	FION:
TYPE OF ORGANIZATION:			PARTNERSHIP ENTREPRENEURSHIP
ARE YOU SALES TAX EXEMPT?	YESNO	ГАХ I.D / S.S. #:	
FOR OUR MUTUAL PROTECTION, PLEASE I BE AUTHORIZED BY YOU TO USE THIS ACC	COUNT. (PLEASE SUBMIT	MES AND SIGNATURES	OF ALL PERSONS WHO WILL IN WRITING/ VIA FAX TO:
301-654-5699 OR SEND EMAILS TO: contact-beth	nesda@strosniders.com.)		
PURCHASERS WILL BE ASKED FOR A SIGN RESTRICTIONS ON THE ACCOUNT OR YOU			
NOTE THESE CHANGES ON A SEPARATE SH		E AUTHORIZED USER	, ON THE ACCOUNT FLEASE

PLEASE SUPPLY A COPY OF YOUR BUSINESS / HOME IMPROVEMENT LICENSE

CASH DISCOUNT TERMS: You have a Business / Home Improvement license copy to attach to this application as well as your driver's license. Payment is due at the time of purchase. Acceptable forms of payment are cash, check or credit card. The discount percentage is 10% off our regular price. No further discount is allowed on promotional or specially priced goods. No monthly statement will be sent. An invoice copy is available upon request at the time of purchase in addition to the regular receipt.

IN SIGNING THIS APPLICATION FOR A DISCOUNT ACCOUNT, I AGREE TO MAKE PROPER PAYMENT AT THE TIME OF PURCHASE. I AGREE TO PAY ANY FEES OR PENALTIES INVOLVED IN THE EVENT OF A RETURNED CHECK. I CERTIFY THAT I HAVE AUTHORITY TO APPLY FOR THIS ACCOUNT, THAT ALL INFORMATION SUBMITTED WITH THIS FORM IS CORRECT, AND THAT I HAVE READ AND UNDERSTAND THE TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF THESE TERMS.

SIGNATURE