STROSNIDERS HARDWARE
Since 1953

6930 ARLINGTON ROAD
BETHESDA, MD 20814
OFFICE 301-654-5688
FAX 301-654-5699

10110 RIVER ROAD
POTOMAC, MD 20854
OFFICE 301-299-6333
FAX 301-299-4568

10504 CONNECTICUT AVENUE
KENSINGTON, MD 20895
OFFICE 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 Cash Discount 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. Failure to do so may result in the denial of this application.

SUBMIT TO: STROSNIDERS HARDWARE OF BETHESDA OFFICE 301-654-5688 FAX 301-654-5699

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____

E-MAIL ADDRESS (ES): _____

PHONES: _____ **CONTACT:** _____

FAX NUMBER: _____ **TYPE OF BUSINESS:** _____

YEAR BUSINESS STARTED: _____ **YEARS AT PRESENT LOCATION:** _____

TYPE OF ORGANIZATION: _____ **PRIVATE CORPORATION** _____ **PARTNERSHIP**
_____ **PUBLIC CORPORATION** _____ **ENTREPRENEURSHIP**

ARE YOU SALES TAX EXEMPT? __ YES __ NO TAX I.D / S.S. #: _____

FOR OUR MUTUAL PROTECTION, PLEASE PROVIDE THE FULL NAMES AND SIGNATURES OF ALL PERSONS WHO WILL BE AUTHORIZED BY YOU TO USE THIS ACCOUNT. (*PLEASE SUBMIT ALL FUTURE CHANGES IN WRITING/ VIA FAX TO: 301-654-5699 OR SEND EMAILS TO: contact-bethesda@strosniders.com.)*

_____ _____

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PURCHASERS WILL BE ASKED FOR A SIGNATURE ON EVERY INVOICE. IF YOU WISH TO MAKE ANY FURTHER RESTRICTIONS ON THE ACCOUNT OR YOU NEED MORE THAN FIVE AUTHORIZED USERS ON THE ACCOUNT PLEASE NOTE THESE CHANGES ON A SEPARATE SHEET OF PAPER.

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 **TITLE** **DATE**