



Star Hardware & Plumbing Supply Co.

2995 Main Street
Hartford, Connecticut 06120
Tel: (860) 246-5617
Fax: (860) 246-5610

Application For Credit

(We cannot consider this application if all lines are not completed)

Name _____ Phone _____
Street _____ City _____ State _____ Zip Code _____
Social Security # _____ Driver's License # _____

Name of Bank/City _____ Branch _____
Checking Acct # _____ Savings Acct# _____ Other _____

Full Name of Owner / Owners (or an authorized officer of Corp.) List Home Address and Zip Code

Table with 4 columns: Officers, Title, Address, Tel #. Rows 1, 2, 3.

Please check one : Individual _____ Partnership _____ Corp. _____ LLC _____

If Individual: Spouse's Name _____

Type of Business _____ Date Started _____
Own / Rent Building (if rent, from whom) _____ Value _____
Sate Contr. Lic# _____ Sales Tax Perm. # _____
If a Corporation: Federal ID# _____

Name of Bank/City _____ Branch _____
Checking Acct # _____ Savings Acct# _____ Other _____

References

Table with 3 columns: Name of Firm, Complete Address, Tel. #. Rows 1, 2, 3.

We undersigned, jointly and/or severally do hereby guarantee unto Star Hardware Corp., the prompt and full payment of any and ALL sums due as a result of approval of this application for credit.

The undersigned, on behalf of himself, individually and any corporation or partnership which the undersigned represents in consideration of the extension of credit and/or the sales of merchandise on open account, does hereby waive any judgment remedies by Connecticut General Statutes Sec. 52-278f

I hereby authorize Star Hardware Corporation including its divisions and/or subsidiaries to contact the above listed bank and trade references and for the same to release credit information to them as part of their normal credit investigation.

Name of Person Signing _____
Signature _____ Title _____ Date _____



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Dear Customer,

In an effort to serve you better, we are accepting credit cards as form of payment. Please complete the information below to expedite the processing of your request.

CREDIT CARD AUTHORIZATION FORM

I _____ authorize STAR HARDWARE to charge my credit card for payment on Invoice or Sales Order # _____ in the amount of \$ _____.

PLEASE PRINT NAME AS IT APPEARS ON THE CARD

First Name: _____ Last Name : _____

Please print address where the credit card statement gets mailed.

Street Address : _____

City/State/Postal Code : _____

Discover Visa Master Card Amex

Home Phone : _____ Office Phone : _____ Cell Phone : _____

Credit Card # : _____

Expiration Date : ____/____/____

CVV Code : _____ (Last three digits from signature panel on the back of your card)

Signature of Cardholder

Date

*** Please note that we require the completion of this form as a necessary measure to protect you, our valued customer, from potential identity theft and credit card fraud. ***



Awarded to Star Hardware,
Recognized by Inc. Magazine 1999 & 2000

