

# 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



Requested credit limit

(Anticipated monthly spend)

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

Property or Business Name \_\_\_\_\_ Email \_\_\_\_\_  
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 \_\_\_\_\_  
 Send Invoices Via Email Email \_\_\_\_\_

**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 \_\_\_\_\_

## 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 \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_