



PAINTS & COATINGS • WINDOW FASHIONS • WALLPAPER & MORE

CORPORATE OFFICE: (612) 377.3910 FAX: (612) 374-0237
SEND PAYMENTS TO: 725 Second Ave. N. Minneapolis, MN 55405

www.hirshfields.com

Cash / C.O.D Account Application

Legal Business Name "Applicant"

Street Address

City, State, Zip Code

Primary Contact Name

Primary Phone

Primary Fax

Email

Type of Ownership

Individual Owner Partnership Corporation Government Other

Number of Years in Business

Nature of Business

Commercial Industrial New Residential Residential Repair Property Maintenance Other

Number of Employees

Estimated Annual Purchases(\$)

Primary Store

Tax Exempt?*

Should Hirshfield's, Inc. retain a list of authorized users on your account? If so, please list users below:

By signing below, Applicant agrees to all of the following terms and conditions for sale:

Applicant shall pay ALL invoices in full at the point of sale "POS" for purchase(s), rental(s), and/or service(s). Customer agrees to and shall pay Hirshfield's, Inc. a \$30.00 service charge on each dishonored (NSF) check. Customer agrees to pay all attorney legal fees and associated costs, as well as the cost of investigators and/or collection agencies, if any or parts of Applicant's payment(s) rendered for such purchase(s), rental(s), and/or service(s) are returned to Hirshfield's, Inc. in default for non-payment. Defaulting on the payment terms set forth in this agreement may affect special pricing and Hirshfield's, Inc. reserves the right to, at any time with or without cause, to modify or terminate special account pricing. All transactions made hereunder shall be governed by the foregoing terms and conditions. In the event that additional terms or conditions are present on any Hirshfield's, Inc. quotation(s), agreement(s), rental agreement(s) and/or invoice(s) that are not explicitly stated in these aforementioned conditions; the terms and conditions for sale outlined above shall be explicitly made part of and incorporated into these additional terms and conditions.

*If you are claiming tax exemption, a copy of the state(s) tax exemption certificate that you plan to make purchases in must accompany this application.

Signature

Print Name

Date

Office Use Only

Account #

Date Entered (Stamp)

Sales #1

Sales #2

P-L (3-5)

Primary Store