

REEVES HARDWARE CO. - PO BOX 345 - CLAYTON, GA 30525  
PH 706-782-4253 FAX 706-782-3185

CONTRACTOR JOB APPLICATION / ACCOUNT CHANGE REQUEST  
SUBMIT TO CLAYTON BUSINESS OFFICE

DATE \_\_\_\_\_  
CONTRACTOR /  
ACCOUNT NAME \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PH \_\_\_\_\_ CELL \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
LOT NO. \_\_\_\_\_

OWNER NAME \_\_\_\_\_  
OWNER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PH \_\_\_\_\_ CELL \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

PERSONS AUTHORIZED TO CHARGE	(CHECK ONE)	INITIAL / ADD	DELETE
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

MONTHLY CREDIT LIMIT REQUESTED \_\_\_\_\_

SIGNATURE OF CONTRACTOR / ACCOUNT HOLDER \_\_\_\_\_

FOR OFFICE USE ONLY

\*\*\* THIS FORM MUST BE COMPLETED FOR EACH NEW JOB / CHANGE REQUEST \*\*\*

ACCOUNT NO. \_\_\_\_\_  
PRICE CODE \_\_\_\_\_  
TERMS CODE \_\_\_\_\_  
SALESMAN CODE \_\_\_\_\_  
DATE OPENED \_\_\_\_\_  
CREDIT LIMIT \_\_\_\_\_  
SALESMAN NAME \_\_\_\_\_

CHANGE REQUEST BY \_\_\_\_\_  
MGR. APPROVAL \_\_\_\_\_  
CHANGED BY \_\_\_\_\_  
STORE NO. \_\_\_\_\_  
DATE CHANGED \_\_\_\_\_