



www.paulsacehardware.com

**UPDATE OF ESTABLISHED ACCOUNT**

Paul's Scottsdale Hardware, Inc. respects any special requirements that your company may have.

Please complete the following information so we can do our best to satisfy those requirements.

**CORPORATE OFFICE**

1800 N. Scottsdale Road  
Scottsdale, AZ 85257

(480) 947-7281  
Fax (480) 941-5621

Date \_\_\_\_\_ Account Number \_\_\_\_\_

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Accounts Payable Email \_\_\_\_\_

Persons eligible to sign on the account - please list all or put add / del next to name.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Do you require a form of identification from persons signing on your account? \_\_\_\_ Yes \_\_\_\_ No

If so, what is it? \_\_\_\_\_

Do you have any other requirements of persons signing on your account?

Are purchase orders required? \_\_\_\_ Yes \_\_\_\_ No If yes, \_\_\_\_ Written \_\_\_\_ Verbal

I affirm that I am authorized to make the above changes.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_