

DaCorta Bros.

Hardware Headquarters

OPEN ACCOUNT INFORMATION

COMPANY NAME:			
Mailing address:			
City:	State:	Zip:	
Telephone:	FAX:		
Accts. Payable Supervisor:	Tel./Ext.:		
Parent Company/Division of:			
Shipping Address:			
City:	State:	Zip:	
Estimated annual purchase volume from MMCC: \$			
Number of employees:		Years in business:	
Type of business:			

NY, IL, TX & GA Customers (If your purchase should be Tax exempt):

Valid Resale Certificate/Tax Exempt Certificate Number _____

- A copy of your certificate must also be sent for our records.

BANK NAME:			
Street:			
City:	State:	Zip:	
Account number:	FAX:		

THREE SUPPLIERS: (on open account)

1. Company name:	FAX:		
Street:	City:	State:	Zip:
2. Company name:	FAX:		
Street:	City:	State:	Zip:
3. Company name:	FAX:		
Street:	City:	State:	Zip:

NAME: _____ Position: _____

Signature _____ Date _____

91-07 Astoria Blvd.
Jackson Heights, NY 11369
USA
Phone: 718-429-0707
Fax: 718-898-1756
Email: info@dacortahardware.com
Website:
http://www.dacortahardware.com

We will contact your bank and supplier references in writing by mail or fax. Our ability to make a timely decision about opening your account depends on how quickly we receive answers from these sources. Our experience has been that 2 weeks is typical. Thank you very much for your interest.