



# HOW TO ORDER



## PHONE

**1-800-431-3000**

After you prepare your order, call Monday through Friday, 7AM to 9PM Eastern Time, and one of our Customer Service Representatives will be happy to help you.



## ONLINE

**hdsuppliesolutions.com**

Go online for Price and Availability check, online Order History, Saved Lists, and much more.



## 24-HOUR FAX

**1-800-859-8889**

Order 24 hours a day with our **Fax Service**. Please copy and fax this Rapid Order Form.

## PAYMENT



Charge your phone, fax, online, and counter orders to your account with HD Supply Facilities Maintenance! We also welcome credit card payments: MasterCard, Visa, Discover, and American Express.

# 24-HOUR FAX ORDERS

## RAPID ORDER FORM

**1-800-859-8889**

Or Mail To: HD Supply Facilities Maintenance, Customer Service, P.O. Box 509055, San Diego, CA 92150-9055

Enter Your Source Code(s)

### PLEASE PRINT

Account # \_\_\_\_\_ Order Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First & Last Name \_\_\_\_\_ Purchase Order # \_\_\_\_\_

**SHIP TO** (Property Name) \_\_\_\_\_

Shipping Address \_\_\_\_\_

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

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

**PAYMENT METHOD**  New Account (APPLICATION ATTACHED)

HD Supply Facilities Maintenance Account

Visa  MasterCard  American Express  Discover

Cardholder Name (PLEASE PRINT) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CVV # \_\_\_\_\_ (The card verification value is the last 3-digit number located on the back of your card on or above your signature line. For an American Express card, it is the 4-digit number on the front, above the end of your card number.)

**Orders under \$50 will be charged a \$5.00 handling fee.**

| PART # | PAGE # | DESCRIPTION | QUANTITY   | PRICE |
|--------|--------|-------------|--|-------|
| 1      |        |             | <small>Circle if ordering package</small><br>pkg |       |
| 2      |        |             | pkg  |       |
| 3      |        |             | pkg  |       |
| 4      |        |             | pkg  |       |
| 5      |        |             | pkg  |       |
| 6      |        |             | pkg  |       |
| 7      |        |             | pkg  |       |
| 8      |        |             | pkg  |       |
| 9      |        |             | pkg  |       |
| 10     |        |             | pkg  |       |
| 11     |        |             | pkg  |       |
| 12     |        |             | pkg  |       |
| 13     |        |             | pkg  |       |
|        |        |             | <b>TOTAL \$</b>                                  |       |

Check Shipping Method:  USPS  Pineapple Express (HAWAII CUSTOMERS ONLY)

Please check here for more free fax forms.

Use the space below to suggest ways we can improve our services, update your account, or provide special instructions to this order.

# 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 \_\_\_\_\_

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

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Number of Units/Rooms \_\_\_\_\_ Property Type:  Multifamily  Hospitality  Healthcare  Education  Government  Commercial  Other \_\_\_\_\_

Billing Address:  Owner/Management Co.  Property  Other \_\_\_\_\_

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

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

## References (MAINTENANCE SUPPLIES, HARDWARE, PAINT, BUILDERS' SUPPLY, ETC.) PLEASE EXCLUDE UTILITIES, SERVICES, AND PERSONAL CREDIT LINES.

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Account Name \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit \_\_\_\_\_

D&B Duns Number Headquarters \_\_\_\_\_ D&B Duns Number Branch \_\_\_\_\_

## 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 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail

3. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail

**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 signer 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 \_\_\_\_\_