

New Account Setup

FOR U.S. COMMUNITIES PARTICIPANTS



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)

Please check if applicable: I need a catalog I need to place an order Order attached I need to shop online

Agency or Participant Information (FOR ADDITIONAL PROPERTIES, PLEASE ATTACH A PROPERTY LIST)

Agency or Business Name _____
Address _____ City _____ State _____ Zip _____
P.O. Box _____ City _____ State _____ Zip _____
County _____ Number of Units/Rooms _____
Phone (_____) _____ Fax (_____) _____

Contact Information

Name _____
Title _____
Phone (_____) _____ Fax (_____) _____ E-mail Address _____

Federal Tax Identification Number _____ If you are tax exempt*, check here

* If you are tax exempt, please attach completed tax certificate for valid sales tax exemption.

Agency Type: University/College Community College K-12 Housing Authority City County Nonprofit
 Healthcare State Agency Special District Gov Reseller Gov Contractor Other _____

E-mail Address† _____

† Please note that if you wish to order from hdsupplysolutions.com, an e-mail address is required. Once your account has been set up, you will receive an e-mail confirmation of your ability to order online.

Billing Information

Agency Name _____
Bill to Address _____ City _____ State _____ Zip _____
P.O. Box _____ City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____

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 _____ Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (_____) _____ Fax (_____) _____

2. Name _____ Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (_____) _____ Fax (_____) _____

3. Name _____ Title _____ Preferred Contact Method: Phone Fax E-mail
E-mail _____ Phone (_____) _____ Fax (_____) _____

Signature _____ Date ____/____/____
Name (PLEASE PRINT) _____ Title _____

Submit this form and tax exemption documentation to HD Supply's Account Services team at FMAccountServices@hdsupply.com or call 1-800-798-8809 to set up your account or link your present account with our contract.