

**1. Please complete all required fields to ensure prompt processing (Required)**

Full Business Name		Primary Phone Number	
Street Address		P.O. Box	
City	State	Zip Code	# Of Employees
Accounts Payable Contact Name	E-Mail Address for Invoicing (Required for Accounts Payable)	Duns Number	Federal I.D. Number

**2. Type of Account - Business - Project (Required)**

Preferred Method of Payment: <input type="checkbox"/> Check by Phone <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Electronic Transfer	BUSINESS Type <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	Do you consent to receive: <input type="checkbox"/> Phone Calls <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax
Are you a <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local Gov't? Are you <input type="checkbox"/> Gsa Contract <input type="checkbox"/> Leed Certified <input type="checkbox"/> Stimulus Funded?	Number of Years In Business	Related Hilti Account Number
Have you filed bankruptcy or had a judgement/lien against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what state?	What is your business trade or market segment (interior finish, mechanical installer, electric, etc?)	

**3. Trade references and other companies or suppliers that extend you credit terms (Required)**

Company Name	Telephone Number	Our Account Number with Them (if available)
Company Name	Telephone Number	Our Account Number with Them (if available)
Company Name	Telephone Number	Our Account Number with Them (if available)

**4. Required if proprietorship, partnership or corporate guarantor**

**I hereby personally guaranty payment of the account as stated above and agree all transactions made shall be governed by Hilti's standard terms and conditions of sale.**

Signature and Title of Guarantor, Proprietor or Partner	Print Name	Date
Address	Telephone Number of Signor	Social Security Number
Signature and Title of Guarantor, Proprietor or Partner	Print Name	Date
Address	Telephone Number of Signor	Social Security Number

**5. Online Ordering (Optional)**

May we authorize your company to order online? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide names and e-mail addresses of those authorized to purchase online.	Authorized Purchaser(S)	E-Mail Address(Es)
	1)	1)
	2)	2)
	3)	3)

**6. Initial Order Request (Optional)**

Item Number	Item Description	Details
Item Number	Item Description	Details
Hilti Contact	Hilti Return Fax Number: <b>1-800-879-7000</b>	

**7. Please include parent company information if your business is a branch or subsidiary**

Parent Business Name		Primary Phone Number	
Street Address		P.O. Box	
City	State	Zip Code	# Of Employees
Accounts Payable Contact Name	E-Mail Address for Invoicing (Required for Accounts Payable)	Duns Number	Federal I.D. Number

**8. Please read the attached Hilti Terms and Conditions (Required)**

**In consideration of credit extension, applicant (customer) agree all transactions made shall be governed by Hilti's standard terms and conditions of sale.**

Signature and Title of Applicant	Date
Print Name and Title of Applicant	Applicant's Telephone Number

A complete, signed application is required to process your request. If we are unable to open your new account and process your order within 24 hours of receipt, Hilti will contact you.

Colorado Price Agreement 2016-0000-0000-0000-0187 Terms and Conditions take precedence.

**Hilti. Outperform. Outlast.**