

# Ziegler's **ACE** Hardware

**Helping You With All You Do**<sup>SM</sup>

## UPDATE OF EXISTING ACCOUNT INFORMATION

Ziegler's Ace Hardware 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

215 N. Spring Street  
Elgin, IL 60120

Phone (847)741-8330  
Fax (847)741-9520

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

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

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

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

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

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

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

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

### Persons eligible to sign on the account

Name \_\_\_\_\_  add  remove      Name \_\_\_\_\_  add  remove

Name \_\_\_\_\_  add  remove      Name \_\_\_\_\_  add  remove

Name \_\_\_\_\_  add  remove      Name \_\_\_\_\_  add  remove

Name \_\_\_\_\_  add  remove      Name \_\_\_\_\_  add  remove

Name \_\_\_\_\_  add  remove      Name \_\_\_\_\_  add  remove

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 \_\_\_\_\_