

HOUSE ACCOUNT AUTHORIZED BUYERS FORM

	This is the FIRST House Accordance Freight Tools	nt Authorized Buyers Form ("FORM") submitted for our account with						
	This is a request to CHANGE a previously submitted FORM							
Ins	tructions to Account Owner:							
	- Mail To: Harbor Freight	ools – 26541 Agoura Rd – Calabasas, CA 91302 Attn: Treasury						
		arborfreight.com, FAX: (818) 871-0521 our dedicated Customer Service Line at (888) 844-2595, or email						
	· •	orfreight.com, Monday through Friday, 9 a.m. to 5 p.m. Pacific Time						
Aco	count Owner's Information:							
	Account Owner/Name:							
	Customer Account:							
	Street Address:							
	Telephone Number:							
	Account Contact:							
	Email Address:							
to Fre sul cui wh	give purchase or exchange in eight Tools, until such time Acomitting a new FORM. The A crently on file with Harbor Fre	duly authorized, on behalf of the entity/Account Owner listed above ructions to and/or make purchases from and exchanges with Harbor bunt Owner notifies Harbor Freight Tools of changes by signing and horized Buyers listed in this section will replace all Authorized Buyers that Tools. Account Owner will immediately notify Harbor Freight Too no longer authorized to make purchases/exchanges for Account	;					
Au	thorized Buyers Information:							
	Print Name	Print Name						
	Print Name	Print Name						
	Print Name	Print Name						



- * If this FORM is being used to CHANGE a previously submitted FORM, please provide the FULL LIST of Authorized Buyers on this FORM. A newly submitted FORM will replace all previously submitted FORMS.
- * If additional space is needed to list additional Authorized Buyers, please attach a sheet of paper with additional names.

Account Owner releases Harbor Freight Tools and its officers, directors, managers, members, employees, and affiliated parties, from any and all claims, demands, obligations, actions, causes of action, controversies, suits, damages (including consequential and incidental damages), costs, debts, expenses or reimbursements of any nature whatsoever, whether based in tort, contract, statute, or which are subject to or related to transactions made by, requested by, or in the name of individuals listed above as an Authorized Buyer.

The undersigned represents and certifies that he/she has full authority to execute this document on behalf of Account Owner and that all information contained within this FORM is accurate.

ACCOUNT OW	/NER		
Signed By:		 	
Print Name:		 	
Title:		 	
Date:			