

Newby's Ace Hardware Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Trade References (No Banks Accounts Or Credit Cards)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

- **An email address is needed for monthly statements, without an email address we will not open an account for you. All billing is done by email only.**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Should a charge account be opened, I understand that statements on account are issued on the 26th of each month and the balance is due in full on the 25th of the following month. No FINANCE CHARGES will be incurred if I pay the balance in full each month. If I do not pay the full balance by the due date, a FINANCE CHARGE computed at 1.5% per month, which is an ANNUAL PERCENTAGE RATE of 18%, will be incurred and applied to the previous balance after deducting payments and credits. The minimum FINANCE CHARGE applied to past due balances will be \$1 per month. I agree to pay collection costs incurred by Newby's Ace Hardware.

Signature _____

Print Name _____

Title _____

Date _____

Agreement between Customer and Newby's Hardware, Inc. d/b/a Newby's Ace Hardware ("Newby's")

In completing this Credit Application, Customer agrees that:

1. The undersigned represents and warrants that they are authorized to enter into this agreement on behalf of the Customer.
2. The information contained in this Application is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and any further conditions upon which credit may be extended. Customer authorizes the trade and bank references listed in this Application to release information necessary to Newby's in order to verify the information contained herein.
3. Should a charge account be established, payments on invoices and statement of account issued are due in full within 30 days of the date of the invoice or statement on account. If payment in full is not received within 30 days, a finance charge computed at 1.5% of the outstanding balance will be incurred and applied to the previous balance, after deducting payments and credits. The minimum finance charge applied to past due balances will be \$1 per month.
4. If it is necessary to commence legal action to collect any unpaid balance, Customer agrees to pay all costs of collections, including court costs and reasonable attorney's fees.
5. Customer's credit line may increase or decrease at the discretion of Newby's at any time.
6. Should Customer wish to restrict the access and use of its charge account, it will complete the attached Authorized Users form. Any changes to the form will be subject to a five day processing period.

Please fill out one of the two options below.

AUTHORIZED USERS

1.

CUSTOMER NAME: _____

ADDRESS : _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Photo ID required? Yes No

PO #s required? Yes No

Signature _____

Date _____

OR

2.

CUSTOMER NAME: _____

ADDRESS : _____

At this time I chose not to use the Authorized users name list.

Signature _____

Date _____