



# Business Credit Application

733 S. Wenatchee Ave. Wenatchee, WA 98801

Phone: (509) 662-5858 / Fax: (509) 663-4830

Email: ar@stansmerrymart.com

## 1. Company Information

Date: \_\_\_\_\_

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State Zip
Shipping Address	City	State Zip
No. of Employees	Year Business Established	Annual Sales
Business Focus – Circle One: Contractor / Education / Farm & Agriculture / Healthcare / Manufacturer / Municipality/Government / Non-Profit Organization / Property Management / Religious Organization / Restaurant / Retail Business / Service Industry / Other _____		
Federal Tax ID (If Incorporated)	State of Incorporation	
E-Mail Address(es):	Website:	

## 2. Owner Information

Full Name (including middle initial)	Title
Home Address	City State Zip Phone #

## 3. Bank References

Bank Name	Account Number	Contact
Address	City State Zip	Phone #

## 4. Trade Credit References

Company Name	Contact
Address	City State Zip Phone #
Company Name	Contact
Address	City State Zip Phone #

## 5. Additional Information

Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes please include a copy of your Certificate of Resale)
Do you require purchase orders? <input type="checkbox"/> No <input type="checkbox"/> Yes

I/We certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

### Terms and Conditions

If the account is not paid as agreed or if the credit limit is exceeded, the business charge account will be temporarily suspended, unless other arrangements are made with the store owner or authorized representative. Repeated late payments may result in permanently revoking your charge privileges. Payments not received within 30 days of the statement date will receive a service charge or 1.5%. Statements are produced on the 1st of each month and full payment is due on the 15<sup>th</sup> day of the month. Stan's Merry Mart will send us a statement each month which will show the unpaid balance for merchandise purchased including any monthly finance charge. Stan's Merry Mart may declare the unpaid balance to be due and payable if we default in making any required payment in full when due and we agree to pay Stan's Merry Mart (or its agent) all reasonable collection expenses, attorney's fees and court costs incurred in collecting this account. You must immediately notify Stan's Merry Mart upon any change in our address or company ownership.



*Authorized Signers List*

Please complete this form and return it to us as soon as possible. Print the first and last names of all persons authorized to purchase on this account.

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |

NOTE: Attach additional sheets if necessary. The persons listed above are the only ones we will allow to charge on this account. If you find it necessary to send someone who is not on this list, please fax or call us in advance. Please advise your authorized signers that they may be asked to show picture identification when purchasing on your account. The cashiers do not always recognize who is an owner, officer, partner, etc. So in order to protect your business; our cashiers will ask you for ID until they can positively ID you by sight.

To add or delete names from this list, please fax us at (509) 663-4830, call us at (509) 662-5858 and speak to Accounts Receivable. If changes are made by telephone, we may call back to verify that the caller was authorized to make additions or deletions to this list.

We need the names and phone numbers of personnel at your office (local preferred) that will be our primary contact with questions regarding your account. This person is authorized to **add/remove** employees to your authorized signer list; and is able to authorize employees for one-time or one-day use of the charge account. Please print the names in the spaces below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_