

Noblet Hardware

261 N. Main Street
Rutland, VT 05701
(802) 773-2758
Fax (802) 773-6261

For office use only:
Account#: _____
Category: _____

Application for Account (Confidential)

Please indicate type of account:

___ **House Charge Account:** Receive store statement after the 1st of the month, due no later than the 20th of the month. Failure to pay on time will result in the suspension of charging privileges. Bank References and (2) Trade References are REQUIRED.

___ **Invoice Charge Account:** At the completion of an order, a copy of the invoice is faxed, or emailed to the customer. Payment is Net 30 from the date of the invoice. Bank References and (2) Trade References are REQUIRED.

___ **Cash Account:** Customer will receive preferred pricing on most purchases. Payment is made at the time of purchase using cash, check, and company or personal credit card. At the customer's request, the credit card information can be filed SECURELY at the store.

Business: ___ Non-Business: ___

*Account Name: _____

Business Name: (if different) _____

Business Type: (ex: contractor) _____

Street address: _____

City, State and Zip Code: _____

Mailing address (if different): _____

City, State and Zip Code: _____

*Contact Person: _____ *Telephone: _____

Fax: _____ Email: _____

Cell: _____ Alternate Telephone: _____

ACCOUNT SET UP:

*Authorized users: (A separate sheet may be attached for additional users) Accounts without authorized users list are at risk of unauthorized use of account. For your protection we request that you provide us with full names of people authorized to use this account.

Purchase order required? Yes _____ No _____

If yes: Purchase order# only ___ **OR** Purchase order form to be left _____

Tax exempt YES _____ NO_____

CREDIT CARD#: ----- EXP DATE:-----

**(Completed TAX CERTIFICATE form MUST BE ATTACHED if tax exempt)
If form is not provided account will be charge sales tax until correct form is received.**

*Signature of person authorizing opening of account:

_____ Telephone _____

STORE USE ONLY:

Approved: _____ Date: _____

Comments: -----

ALL CHARGE ACCOUNTS- BANK REFERENCE AND TWO TRADE REFERENCES ARE REQUIRED.

Bank Reference: (Required for ALL CHARGE accounts)

Bank: ----- **Contact:** -----

Telephone: -----

Trade References: (Required for ALL CHARGE accounts)

1. Name: ----- **Acct#:** -----

Contact Name: -----

Telephone: ----- **Fax:** -----

2. Name: ----- **Acct#:** -----

Contact Name: -----

Telephone: ----- **Fax:** -----

CHARGE ACCOUNT TERMS : You will receive an invoice at the time of purchase and a monthly statement. Our books close on the 20th of each month. We do not offer a revolving charge account with a minimum balance due. Payment is due in full. All delinquent accounts are charged interest at 1 1/2% per month. We reserve the right to withhold credit on past due accounts. Accounts past due in excess of 90 days are closed.



Vermont Sales Tax Exemption Certificate
for

RESALE AND EXEMPT ORGANIZATIONS

32 V.S.A. §9701(5); §9743(1)-(3)

**Form
S-3**

To be filed with the **SELLER**, not with the VT Department of Taxes.

- Single Purchase - Enter Purchase Price \$ _____
- Multiple Purchase (effective for subsequent purchases.)

BUYER	Buyer's Name		Federal ID Number	
	Trading as			
	Address			
	City		State	Zip
	Buyer's Primary Business			

SELLER	Seller's Name		
	Address		
	City	State	Zip

EXEMPTION CLAIMED	Description
	Description of purchased articles: _____

EXEMPTION CLAIMED	Basis for Exemption
	<input checked="" type="radio"/> For resale/wholesale. Vermont Account Number: _____
	<input checked="" type="radio"/> Purchase by 501(c)(3) organization which is religious, educational, or scientific. Vermont Account Number: _____
	<input type="radio"/> Direct payment by Federal or Vermont governmental unit
	<input type="radio"/> Purchase by volunteer fire department, ambulance company, rescue squad (Registration is not required.)

I certify that, to the best of my knowledge and belief, the statements provided here are true and correct.



Signature of Buyer or Authorized Agent

Title

Date