

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.

_____ **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 ½% per month. We reserve the right to withhold credit on past due accounts. Accounts past due in excess of 90 days are closed.

Please return completed applications to:

noblear@albany.twcbc.com

Or by fax: 518-761-6127

Or drop off in person at your local Noble Ace.