



BISBEE'S HARDWARE
MAD RIVER GREEN
WAITSFIELD, VT 05673
PHONE: 496-3635 | FAX: 496-5635

CREDIT APPLICATION

A. Account Name _____ Corporation
 Street _____ Partnership
 City-State-Zip _____ Individual
 Phone _____

B. Name of Individuals
 Name 1. _____ 2. _____ 3. _____
 Address _____
 State / Zip _____

C. Years in Business _____ Amount of Credit _____
 Type of Business _____
 Sales Tax Exempt Number _____

OUR TERMS ARE: PAYMENTS ARE DUE NO LATER THAN THE 25TH OF THE MONTH FOLLOWING STATEMENT DATE.

In consideration for extensions of credit to be made from time to time, customer agrees:

- 1) To assume responsibility of credit extended by store when account is used by or with the knowledge, consent, or actual, implied or apparent authorization of the customer.
- 2) The entire amount of the new balance must be paid by the 25th of the following statement date to avoid imposition of a FINANCE CHARGE.
- 3) Give permission to also obtain credit reports, in connection with the same transaction or extension of credit for the purpose of reviewing the account, increasing the credit line on the account, or for other legitimate purposes associated with account.
- 4) Payments will be applied first to FINANCE CHARGE, then to sales balances outstanding.
- 5) Payments, credits, and charges received after the 28th will appear on the next statement.
- 6) The customer may at any time pay the entire balance without incurring any additional charge or penalty.

*MUST BE SIGNED AND HAVE SOCIAL SECURITY NUMBER OF
 ALL INDIVIDUALS ON APPLICATION

SIGNATURE 1. _____ SSN _____ DATE _____
 2. _____ SSN _____ DATE _____
 3. _____ SSN _____ DATE _____

Notice to All applicants: Your signature on this application means that you are equally liable for payment on this account.

PLEASE LIST 3 BUSINESS REFERENCES

1. _____
2. _____
3. _____