



Commercial Credit Account Application

BUSINESS CONTACT INFORMATION

Company name:

Phone: Fax: E-mail:

Address:

City: State: ZIP Code:

Sole proprietorship: Partnership: Corporation: Farm: Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account: Account number:

A/P CONTACT NAME/PHONE: **A/P EMAIL:**

Federal ID #: **Please provide a W9 with credit application**

Tax Exempt #: **If Tax Exempt, please provide your tax exempt form.**

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

AGREEMENT

1. Payment Terms are Net 10th.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Stanley Hardware & Feed Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. By signing this application, you agree to our payment terms and personally guarantee that account balances will be paid within these terms.

SIGNATURES

Title: Title:

Date: Date:

**100 N. Main St. Stanley, NC 28164
704-931-0091**

Please email to Linda@stanleyhardwareandfeed.com