OVERLAND HARDWARE CO.

		Email: Greggdon@swbell.net	
Overland, MO 63114	Fax 314-427-3657	Web: Overlandhardware.net	
BU	USINESS CREDIT AI	PPLICATION	
DATE			
COMPANY NAME:			
TYPE OF BUSINESS: Con	rporationLLC	_PartnershipSole Proprietor	
CONTACT NAME			
MAILING ADDRESS:			
SHIPPING ADDRESS, if o	lifferent:		
CITY:	STA	STATE:ZIP:	
PHONE:	FAX:	CELL:	
TAX ID # OR Social Secur	rity Number, if Sole Pro	pprietor:	
No. of years in business un	der this name:	No. of years at this location:	
TRADE REFERENCES:			
NAME:	NAM	IE:	
ADDRESS:	ADD	ADDRESS:	
PHONE:		PHONE:	
NAME:	NAM	NAME:	
ADDRESS:	ADD	ADDRESS:	
PHONE:		PHONE:	
BANK REFERENCES:			
NAME:	NAM	NAME:	
ADDRESS:	ADD	ADDRESS:	
	PHONE:		
ACCT. NUMBER:	ACCT. NUMBER:		

I find this credit application to be correct and I, as principal, personally guarantee payment for any purchases made. In the event that this account is not paid and is referred to an attorney for collection, I agree to pay not only reasonable attorney fees and cost of collection, but also court costs. A monthly statement showing all purchases made during the calendar month, as well as any past-due balance will be mailed to you on the first of the following month. To avoid a finance charge, the balance on your monthly statement must be paid in full on or before the last day of the billing month. Finance charges are calculated at a rate of 1.5% per month on any past-due balances. Minimum finance charge is \$0.50.

SIGNATURE:_____

TYPE OR PRINT NAME:

DATE:

TO WHOM IT MAY CONCERN:

Please accept this as authorization to release any information including information concerning my/our bank account, and your credit experience with me to Overland Hardware Company. A photocopy of this shall be as an original.

SIGNATURE:

TYPE OR PRINT NAME:_____

DATE:_____

APPLICATION APPROVED BY:_____DATE:_____