

ROCKY'S BUSINESS REWARDS PROGRAM CREDIT APPLICATION

Start saving today! Fax or mail this application to:

Rocky's Ace Hardware Corporate Office

Attn: Business Rewards Department

40 Island Pond Road, Springfield, MA 01118

Phone: 413-781-1650 Fax: 413-731-5173

How did you find out about Rocky's **Business Rewards Program**?

Rocky's Team Member _____
NAME OF TEAM MEMBER

Business Referral _____
NAME OF BUSINESS

Name of Business _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email Address _____ Yes, please email me coupons, tips and savings

Nature of Business _____ **Date Established** _____

Type of Business Corporation Partnership Individual Ownership

Names and Residence Address of Owners or Officers	Social Security #
_____	_____
_____	_____
_____	_____

Monthly Credit Limit Requested _____ **Tax Exempt?** N Y If yes, return copy of Exempt Certificate with your application

Type of Account Requested Approved person(s). Attach your printed list of approved persons. Your company's purchase order required.

The persons or organizations listed below are authorized to release any information they may have to Rocky's Hardware, Inc. to support this application for credit.

Bank _____ **Bank Address** _____

Person to Contact _____ **Phone Number** _____

Account Number(s) _____

Loan Number _____

BUSINESS REFERENCES

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Conditions of Sale and Terms of Payment We certify that all the information on this form is correct. We fully understand that all purchases are due and payable within thirty days of Statement date. Purchaser also agrees to pay a service charge not to exceed the maximum allowable contract rate under the state statutes computed on the unpaid delinquent balance until the account is paid in full. Purchaser and/or its principal officers agree to be legally responsible for all unpaid balances on this account and will pay all reasonable legal fees and other costs incurred for debt collection. The parties hereby agree to submit to the jurisdiction of the court located in Hampden County, Massachusetts, in connection with any controversy arising between them.

Authorized Signature _____ **Print Name and Title** _____ **Date** _____