

# BUSINESS ACCOUNT CREDIT APPLICATION

★ ROCKY'S HOUSE CHARGE ACCOUNT



413-781-1650 B2B@Rockys.com  
40 Island Pond Rd Springfield, MA 01118

## 1. Company Information

Full Legal Name/Business Entity/Owner Name :		Doing Business As (DBA) :	
Billing Address :		City :	State : Zip :
Phone # :	Type of Business :	Fed. Tax ID (If Incorporated) :	State of Inc. :
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership			
Desired Monthly Credit :	Annual Sales :	No. of Employees :	Year Established :
<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other : _____			
Email Address :	Website :		
Business Focus - Check One :			
<input type="checkbox"/> Contractor	<input type="checkbox"/> Property Manager	<input type="checkbox"/> Municipality/Government	
<input type="checkbox"/> Painter	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> School/College	
<input type="checkbox"/> Electrician	<input type="checkbox"/> Restaurant/Hotel	<input type="checkbox"/> Religious Organization	
<input type="checkbox"/> Plumber	<input type="checkbox"/> Retailer	<input type="checkbox"/> Managed Care	
<input type="checkbox"/> General	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other _____	

## 2. Bank Reference

Bank Name :	Account # :	Phone # :
Address :	City :	State : Zip : Email or Fax :

## 3. Trade Credit References

Company Name :	Phone # :
Address :	City : State : Zip : Email or Fax :
Company Name :	Phone # :
Address :	City : State : Zip : Email or Fax :

## 4. Additional Information

Tax Exempt? : <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please include a copy of your certificate of Resale)	Do You Require Purchase Orders? : <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO, please provide Authorized Buyer List)
---	---

## 5. Office Use Only

House Account # :	Business Rewards # :
Authorized Credit Amount :	Authorizer Name Print
	Authorizer Signature

### Terms & Conditions

The undersigned certifies that all information furnished in this form is true and correct. The undersigned fully understands and agrees that all purchases are due and payable within 30 days from the date of the statement. In the event that the account is not settled as per the agreed terms, or should the credit limit be exceeded, the business charge account shall be subject to temporary suspension, pending alternative arrangements made with Rocky's Corporate Office. The undersigned agrees to a service charge of 1.5% per month on any outstanding balance that remains unpaid. This service charge will be computed on the delinquent amount and will accrue until the account is settled in full. The signer, and/or its principal officers, shall assume full legal responsibility for all unpaid balances. In the case of debt recovery, the signer agrees to reimburse all reasonable legal fees and associated costs. Furthermore, the parties' consent to the jurisdiction of the courts located in Hampden County, Massachusetts for the resolution of any disputes arising hereunder. A W-9 is required for all applications.

I/We certify that all the information on this form is correct. I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Furthermore, I/we approve of your obtaining information from the above references and a credit report on my company or if not a corporation, a report on me/us personally. If you update, renew, or extend my line of credit, you may request a new report without notice.

Print Owner / Designated Representative

Title

Signature Owner / Designated Representative

Date