



Home Store _____
Account Number _____

**Credit Account Application**

Rocky's Ace Hardware  
 40 Island Pond Road  
 Springfield, MA 01118  
 Phone: 413-781-1650  
 Fax: 413-731-5173  
[B2B@rockys.com](mailto:B2B@rockys.com)

**1. Company Contact Information**

Date \_\_\_\_\_

Full Legal Name/Business Entity/Owner Name		
Business Name		
Billing Address	City, State, Zip	
Point of Contact	Phone	
	Fax	
Email Address	Website	
Type of Business Corporation _____ LLC _____ Sole Proprietorship _____ Partnership _____		
Federal Tax ID (If Incorporated) or SSN		State of Incorporation
Number of Employees	Year Business Established	Annual Sales
Do you require purchase orders? Yes ___ No ___ (If No, Please provide Authorized Buyer List)		Desired Monthly Credit \$250 ___ \$500 ___ \$1000 ___ \$2500 ___ Other: _____
Tax Exempt? No ___ Yes ___ (If Yes, Please provide a copy of your Certificate of Resale)		
<b>Business Focus - Circle One</b>		
Contractor	Landscaper/Irrigation	Property Manager
Electrician	Managed Care	Religious Organization
General	Manufacturer	Restaurant/Hotel
Government/Municipal	Painter	Retailer
Hospital	Plumber/HVAC	School/College
Other _____		

Continued on Page Two

## 2. Bank Reference

<b>Bank Name</b>	<b>Phone</b>
	<b>Fax</b>
<b>Address</b>	
<b>Account Number</b>	

## 3. Trade References

<b>Company Name</b>	<b>Phone</b>
	<b>Email</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Company Name</b>	<b>Phone</b>
	<b>Email</b>
<b>Address</b>	<b>City, State, Zip</b>

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**

### Terms and Conditions

I/We certify that all information on this form is correct. I/We fully understand that all purchases are due and payable within 30 days of statement date and acknowledge that if the account is not paid as agreed or if the credit limit is exceeded, the business charge account will be temporarily suspended unless other arrangements are made with the Rocky's Corporate Office. I/We also agree to pay a service charge of 1.5% per month computed on the delinquent balance until the account is paid in full. I/We agree to be legally responsible for all unpaid balances 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.