

Crossroads Hardware

Application for House Account

Is this application for: House Charge Account _____ Sales Tax Exemption _____ B2B Discount _____

Name of Business: _____

Billing Address: _____ City _____ State _____ Zip _____

Business Phone: _____ Business Fax: _____

Federal ID #: _____ Sales Tax Exemption # _____
(attach copy of certificate)

***** REQUIRED Email address for billing:** _____

If you would like ACE to keep a credit card on file to use for payment with this house account please provide credit card info

Name as it appears in the card: _____

Credit Card number: _____

Billing address including the zip code: _____

CVV number: _____ Expiration Date: _____

Bank Information:

Bank Name: _____ Address: _____

Account Number: _____ Bank Contact Name/Phone: _____

Trade References:

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Authorized Signers:

General Terms and Conditions and Personal Guarantee

By signing this application, I authorize The Granite Group, LLC *dba* Crossroads Ace Hardware or its agency to investigate my personal, business and/or corporate credit and financial records. As part of such investigation, I authorize The Granite Group, LLC / PGM Holdings LP to request and obtain consumer credit reports on me and/or my business in connection with the opening, monitoring, renewal and extension of this and other accounts I may have with The Granite Group, LLC.

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis of the granting of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

By signing this application, whether signing as an officer or not, Applicant agrees to abide by these terms and conditions. In consideration for the extension of credit by The Granite Group, LLC, Applicant agrees to pay invoices within the following terms: Payment must be received by the 15th of each month. Invoices not timely paid will be subject to finance charges of 1.5%. Should an account be referred to a third party for collection, Applicant agrees to pay all cost of collecting, including attorney's fees. All officers of the above named corporation or owners of the above partnership or sole proprietorship must sign below.

Names of Principle Officers, Partners, or Proprietors:

Signature / Title _____ Print Name _____ SSN _____

Home Address _____ City, State, Zip _____ Home Phone # _____