

# Randy's Hardware, Inc.

PO Box 1122  
14064 Timberway  
Timberville, VA 22853  
Phone: (540) 896-5403 Fax: (540) 896-9473



## Credit Application & Agreement

### General Information

Business/Individual Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Corp.       Partnership       Individual       Farm Account  
Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Officer: \_\_\_\_\_  
Account #: \_\_\_\_\_

### Credit References

Name: _____	Name: _____
Address: _____	Address: _____
City & Zip: _____	City & Zip: _____
Phone: _____	Phone: _____
Relationship Length: _____	Relationship Length: _____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship Length: \_\_\_\_\_

### Email Statements/Invoices

Yes, please email me my monthly statements.  
 Yes, please email me my invoices instead of printing them individually.  
Email: \_\_\_\_\_

### Your Company Information

Purchasing Contact Name: \_\_\_\_\_  
Payables Contact Name: \_\_\_\_\_  
P.O. Required?       Yes    No      Tax Exempt?       Yes    No      If yes, please attach tax exempt form  
List of Names of Authorized Purchasers: \_\_\_\_\_  
\_\_\_\_\_

### Agreement

In consideration for granting of credit by Randy's Do It Best Hardware (RDIB), we (I) agree that the information provided herein is accurate and that RDIB will rely on said information in granting crediting. If this application is approved and credit is extended by RDIB, we (I) are (am) to pay according to the terms of this agreement; terms being net 15th - full balance due on or before the 15th of the month following the last day of the month in the billing period. We agree to pay interest of 1.5% per month should our account become delinquent and to pay all cost of collection, including reasonable attorney's fees.  
Signed and dated by applicant, authorized agent or representative on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

### Authorized Signature

\_\_\_\_\_