

# GRIGGS &



## APPLICATION FOR BUSINESS CREDIT ACCOUNT

**Griggs Department Store**  
Phone (509) 547-0566 Fax (509) 547-4387  
**Richland Ace Hardware & Sporting Goods**  
Phone (509) 946-0881 Fax (509) 946-0885  
**Ace Hardware & Sporting Goods on Keene Road**  
Phone (509) 628-3618 Fax (509) 628-3678  
**Kennewick Ace Hardware & Sporting Goods**  
Phone (509) 619-0615 Fax (509) 619-0612

Owners Legal Name \_\_\_\_\_  
Last Name First Name M.I.

Business Legal Name \_\_\_\_\_ In Business since \_\_\_\_\_ # of Employees \_\_\_\_\_

Business Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
(Required)

Business Type \_\_\_\_\_ Federal ID # \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_  
Proprietorship, Corp, Partnership, ect.

Is this Business involved in any claim or lawsuit? Y / N  
Is the business contemplating filing bankruptcy? Y / N  
Are there any delinquent taxes unpaid for the business? Y / N  
Has the business every filed bankruptcy? Y / N  
Has the business had a repossession or judgment taken against it? Y / N

Your Title / Position \_\_\_\_\_ Is A P.O. Required to charge? Y / N

Persons allowed to Charge on your account. 1) \_\_\_\_\_, 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

If more are required, please attach a sheet.

**Bank References :** Bank Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Trade References :** Please list three with current open account creditors that allowed your purchase of \$500. Or more within the last 12 months.

Business \_\_\_\_\_ Acct # \_\_\_\_\_ Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business \_\_\_\_\_ Acct # \_\_\_\_\_ Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business \_\_\_\_\_ Acct # \_\_\_\_\_ Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Signatures : (The application MUST be signed)

The person signing below certifies that all information provided is true and correct. By signing this agreement, you agree that Grigg Enterprises, Inc., may contact any parties listed herein, and verify any information contained in this application. The undersigned hereby waives any privacy of credit information rights or regulations. You agree to credit terms of net 30 days. You agree that unpaid balances after 30 days will be charged 2% interest per month. You agree that all costs associated with collecting unpaid balances will be paid by to Grigg Enterprises, Inc.

Personal Guaranty : In consideration of Grigg Enterprises, Inc., extending credit, the guarantor hereby agrees to unconditionally, personally guarantee payment of all amounts owed, and further agrees to pay the total balance due on the account upon demand, in event of any default of the account. The guarantor will remain responsible for any amounts due, until all amounts due have been paid in full.

Applicants Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_