

# ROCKY'S BUSINESS REWARDS PROGRAM CREDIT APPLICATION

**Start saving today!** Fax or mail this application to:

**Rocky's Ace Hardware Corporate Office**

Attn: Business Rewards Department

40 Island Pond Road, Springfield, MA 01118

Phone: 413-781-1650 Fax: 413-731-5173

How did you find out about Rocky's **Business Rewards Program**?

**Rocky's Team Member** \_\_\_\_\_  
NAME OF TEAM MEMBER

**Business Referral** \_\_\_\_\_  
NAME OF BUSINESS

**Name of Business** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address** \_\_\_\_\_  Yes, please email me coupons, tips and savings

**Nature of Business** \_\_\_\_\_ **Date Established** \_\_\_\_\_

**Type of Business**  Corporation  Partnership  Individual Ownership

<b>Names and Residence Address of Owners or Officers</b>	<b>Social Security #</b>
_____	_____
_____	_____
_____	_____

**Monthly Credit Limit Requested** \_\_\_\_\_ **Tax Exempt?**  N  Y If yes, return copy of Exempt Certificate with your application

**Type of Account Requested**  Approved person(s). Attach your printed list of approved persons.  Your company's purchase order required.

*The persons or organizations listed below are authorized to release any information they may have to Rocky's Hardware, Inc. to support this application for credit.*

**Bank** \_\_\_\_\_ **Bank Address** \_\_\_\_\_

**Person to Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Account Number(s)** \_\_\_\_\_

**Loan Number** \_\_\_\_\_

## BUSINESS REFERENCES

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Conditions of Sale and Terms of Payment** We certify that all the information on this form is correct. We fully understand that all purchases are due and payable within thirty days of Statement date. Purchaser also agrees to pay a service charge not to exceed the maximum allowable contract rate under the state statutes computed on the unpaid delinquent balance until the account is paid in full. Purchaser and/or its principal officers agree to be legally responsible for all unpaid balances on this account 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.

**Authorized Signature** \_\_\_\_\_ **Print Name and Title** \_\_\_\_\_ **Date** \_\_\_\_\_