



6240 N. Port Washington Rd. Glendale, WI. 53217  
 Phone: 414 961.1143 Fax: 414 961.2085  
 email application to creditapplications@villageace.com

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

PRINCIPLE OWNER(S) OR OFFICER(S) ARE:

NAME/TITLE	NAME/TITLE

TYPE OF BUSINESS: Corporation  Partnership  Proprietorship  LLC  FEDERAL ID #: \_\_\_\_\_

IS BUSINESS INCORPORATED? YES \_\_\_\_\_ NO \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_ WHAT STATE: \_\_\_\_\_

ACCTS PAYABLE CONTACT: \_\_\_\_\_ PHONE NO: ( ) - EXT. \_\_\_\_\_

REFERENCES

BANK ACCOUNT: Name	Phone #	Fax #	Email Address
TRADE ACCOUNTS: Name	Phone #	Fax #	Email Address

**Accounts Payable Email for invoices and statements**

Tax Status: Exempt  Non-Exempt  (If exempt, proper resale or other certificate must be attached or forwarded.) In

consideration to Village Companies. (VC) selling to my/our company, I/we agree to the following credit terms:

**Payments are to be made to: Village Ace Hardware Inc. 6240 N. Port Washington Rd. Glendale WI 53217**

- All payments must be received by the due date, 10 days from the statement date in order for your account to remain in good standing. Invoices are emailed at the time of purchase. Statements are emailed at month end.
- Finance charges are computed at a periodic rate of 1-1/2% per month (18% annually) on all balances 30 days past the original due date.
- If any invoices on my/our account ages beyond 15 days from original due date, all future shipments/jobs will be put on hold status until full payment is received for overdue invoices.
- A \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) checks.
- If my account becomes delinquent and is referred to an attorney or collection agency, I agree to pay, at the time of collection, all charges incurred by VC. I will also pay, at said time, all finance charges referred to in item 3 above.
- VC may, at any time, with or without cause, terminate my/our right to make future purchases under this agreement, or modify any credit limit granted.
- By signing this form, the signator acknowledges that he/she has the authority to agree to the above mentioned terms. I/We certify that the facts set forth in this application for credit are true and complete, to the best of my/our knowledge. I/We have read the terms and conditions of this application, and understand that the granting /continuance of credit may be subject to providing additional information and assurances to VC, such as corporate and personal financial statements and personal guarantees. I/We hereby authorize the release of credit information, including (but not limited to) bank credit information to VC in order that VC may make a full and complete assessment of my/our company's payment/credit history.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This section is for Village Companies Credit Department use only.**

Approved by \_\_\_\_\_ \$ \_\_\_\_\_  
 Credit Limit \$ \_\_\_\_\_ Date Approved \_\_\_\_\_