



P.O. BOX 1770, Malta, MT  
 59538  
 (406)654-2331 Malta Office  
 (406)654-2887 Fax

## NEW COMMERCIAL ACCOUNT

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

CONTACT NAME & CELL PHONE \_\_\_\_\_

CIRCLE ONE: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER \_\_\_\_\_

TAX ID NUMBER \_\_\_\_\_ PURCHASE ORDERS REQUIRED? YES NO

DATE BUSINESS STARTED \_\_\_\_\_ CREDIT LIMIT DESIRED \_\_\_\_\_

### OWNERS, PRINCIPALS, AND OFFICERS

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

BANK NAME/ADDRESS \_\_\_\_\_

BANK OFFICER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_

### LIST FOUR TRADE REFERENCES (Names, Addresses, Phone & Fax numbers required)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I/We authorize EZZIE'S WHOLESALE, INC., to investigate the above information listed. Applicant's signature attests to willingness and ability to pay our invoices in accordance with the payment terms, which may be granted and are shown on each invoice. A Service Charge of 1.5% per month, an annual percentage rate of 18% will be assessed if the account is not paid according to terms stated on the invoice. In the event, of Default to pay all costs of collection including, Legal Fees. It is understood that the venue for any legal action shall be Phillips County, Montana, and that Montana law shall apply. **ALL ACCOUNTS WILL BE PAID IN FULL BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING PURCHASES.**

### PERSONAL GUARANTEE

The undersigned, hereby personally and irrevocably guarantees to the faithful payment, when due, of all accounts of the company seeking credit.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_