

Rommel's **ACE** Home Center

CREDIT APPLICATION

Rommel Holdings

DBA: Rommel's ACE Home Centers
P.O. Box 160, Fruitland, MD 21826
Phone: (410) 749-3600 Fax: (410) 749-3394

Business Information

Full Legal Name _____ Date ____ / ____ / ____
Doing Business As _____
Billing Address _____
City _____ State _____ Zip _____
Main Address _____
City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
E-Mail Address _____ @ _____
Proprietorship Partnership Corporation Other (explain) _____

Business History

How long in business under this name _____ Other Name _____
Nature of Business _____
Officers / Principals:
1. Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
2. Name _____ Title _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____

Business References

1. Name _____ How Long _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
2. Name _____ How Long _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
3. Name _____ How Long _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____

Bank References

Name of Bank _____
Savings Account # _____ Checking Account # _____ Other _____
Address _____ City _____ State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____
Name of person with whom you usually deal _____

Charge Authorization

Written Purchase Order Only Verbal Orders OK P.O. # Required On all Purchases

List of names of persons authorized to make purchases and sign invoices

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

Please Read The Following

Applicant certifies that all the information on this application is correct. Applicant also hereby acknowledges that he or she understands the credit terms herein and agrees to abide by the credit terms as stated. If not paid within thirty (30) days of the date of billing as shown on the billing, account is past due and a late charge of 1.5% per month (18% annum) will be made, calculated on the 30th day, and on each 30th day thereafter until payment in full is made. Applicant understands that non-payment of bills for a period greater than 30 days can result in the suspension of credit privileges. Should it become necessary to turn an account over to an attorney or collection agency, the applicant agrees to pay attorney or collection fee of 33.3% of the balance due. Applicant agrees by signing this application to authorize ACE and it's agents to investigate applicants credit worthiness, but also the applicants personal credit worthiness. Consumer reports may be requested in the connection with the processing of this application and subsequently, pursuant to the Fair Credit Reporting Act. Upon request, ACE will inform applicant of any agency which has provided us with such reports. Applicant agrees that use of any credit limit issued as a result of this application will be governed by the agreement at the time credit is issued. If this is a joint application, all applicants agree to be jointly and severally liable for all charges made on the account and pursuant to this agreement.

I hereby authorize the release of the requested information to Rommel's ACE Home Center for the purpose of establishing credit.

Applicant Signature _____ Date ____/____/____
Applicant Title _____
Applicants Social Security # _____ - _____ - _____

Co-Applicant Signature _____ Date ____/____/____
Co-Applicant Title _____
Co-Applicants Social Security # _____ - _____ - _____

Federal ID# _____