



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

NEW COMMERCIAL ACCOUNT

BUSINESS NAME _____

MAILING ADDRESS _____ ZIP CODE _____

PHYSICAL ADDRESS _____ 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 10TH OF THE MONTH FOLLOWING PURCHASES.**

SIGNATURE _____ TITLE _____ DATE _____

PRINTED NAME _____

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 _____

PRINTED NAME _____

APPROVED BY _____ TITLE _____ DATE _____