



P.O. BOX 1770, Malta, MT 59538
 (406)654-2331 Office
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New Account Application

NAME _____
 MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHYSICAL ADDRESS _____ HOW LONG _____ OWN / RENT (circle one)
 PHONE NUMBER _____ CELL PHONE _____ EMAIL _____
 D.O.B. _____ S.S# _____ NO. OF DEPENDENTS _____

EMPLOYMENT INFORMATION

EMPLOYED BY _____
 ADDRESS _____ CITY/ST _____ HOW LONG? _____
 SUPERVISOR _____ PHONE # _____
 MONTHLY INCOME \$ _____ MO. WORKED PER YEAR _____
 SOURCE & AMOUNT OF OTHER INCOME _____
 PREVIOUS EMPLOYER _____ PHONE# _____
 BANK NAME/ADDRESS _____
 BANK OFFICER _____ PHONE # _____
 CHECKING ACCOUNT # _____
 LIST **TRADE** REFERENCES: (names, addresses, & phone #'s required)

JOINT APPLICANT INFORMATION

NAME _____ S.S# _____
 ADDRESS(if different) _____ D.O.B. _____
 EMPLOYED BY _____ SUPERVISOR _____
 ADDRESS _____ PHONE # _____
 MO. INCOME \$ _____ MO. WORKED PER YEAR _____
 SOURCE & AMOUNT OF OTHER INCOME _____
 BANK NAME & PHONE _____ ACCOUNT# _____
 CREDIT LIMITED DESIRED\$ _____

PLEASE READ & SIGN APPLICATION

(If joint application, both signatures required)

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 collections 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 _____ DATE _____
 PRINTED NAME _____
 SIGNATURE(if joint application) _____ DATE _____
 PRINTED NAME _____
 APPROVED BY: _____ DATE _____