



# WISDOM OF THE AGES, LLC

P.O. BOX 276 WESTCLIFFE, CO 81252 OFFICE: 719-783-4431 FAX: 719-783-4435

## CREDIT APPLICATION AND AGREEMENT

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name (please list all DBA's) \_\_\_\_\_

Business Type: \_\_\_\_\_ Length of time in business: \_\_\_\_\_

Legal Entity:  Corporation  Partnership  Sole Proprietor  LLC

Federal Tax I.D. No.: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_ Business Web Site: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Business Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Terms:  Net 30  COD  Due on receipt

### Owners, Partners, Corporate Officers Information: (Must list at least one person)

Name: _____ Title: _____	Name: _____ Title: _____
Social Security No.: _____	Social Security No.: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone No.: _____	Home Phone No.: _____

### Trade References:

Please list at least three trade accounts with which you have established **Net 30** credit history. Trade References are contacted by Fax or Mail only.

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Address: _____	Address: _____	Address: _____
Fax No.: _____	Fax No.: _____	Fax No.: _____
Account No.: _____	Account No.: _____	Account No.: _____

### Bank Reference (Primary Banking Institute):

Bank: \_\_\_\_\_ Account Type:  Checking  Savings  Loan  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

In consideration of extension of credit and/or delivery of merchandise by Wisdom Of The Ages, LLC., the applicant agrees, acknowledges and warrants the following:

The undersigned hereby authorizes Wisdom Of The Ages, LLC., to contact the references listed in assessing my/our credit and financial standing. The undersigned represents and warrants that the information given is true and correct and attests financial responsibility, ability and willingness to pay all invoices in strict accordance with the terms stated thereon. The undersigned also agrees to pay Wisdom Of The Ages, LLC a finance charge calculated at a rate of 2% per month on any past due balances or alternatively, the highest amount allowed by federal law. A fee of \$20.00 will be charged on all returned checks. In the event of default in the payment of any amount due, the undersigned agrees to pay all outstanding finance charges, reasonable collection costs, including agency, attorney's fees and court costs incurred by Wisdom of the Ages, LLC. Venue for any suit shall be laid in Custer County, Colorado. The undersigned also agrees that the extension of credit to customer is at the sole discretion of Wisdom Of The Ages, LLC., and, that the extension of credit or the terms thereof may be withdrawn or changed by Wisdom Of The Ages, LLC. in its sole discretion.

I/We agree to notify Wisdom Of The Ages, LLC., promptly in writing of any changes in ownership of the business conducted under the account name and agree to liability charges to the business conducted under the account name unless and until you receive written notice of the change in ownership.

\_\_\_\_\_  
Authorized Signature (financially responsible party) Date Title / Full Company Name