



WISDOM OF THE AGES LLC
 PO BOX 276 WESTCLIFFE, CO 81252 PHONE: 719-783-4431 FAX: 719-783-4435
 orders@wisdomoftheagesllc.com

CREDIT APPLICATION AND AGREEMENT

ALL INFORMATION REQUESTED BELOW IS REQUIRED TO PROCESS THIS CREDIT APPLICATION

Name(s) of Owners: _____

Business Name: _____

Additional DBA or Trade Names: _____

Type of Business: _____ 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: _____
Phone: _____ Email: _____	Phone: _____ Email: _____

TRADE REFERENCES:

Please list at least three trade accounts with which you have established **Net 30** credit history.

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____
Account #: _____	Account #: _____	Account #: _____

BANK REFERENCE (Primary Banking Institute):

Bank Name: _____ Account Type: [] Checking [] Savings [] Loan

Bank Address: _____ City: _____ State: _____ Zip: _____

Account #: _____ Phone: _____ Fax: _____

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 bank and trade references listed in this credit application for the purpose of assessing credit and financial standing. The undersigned represents and warrants that the information given herein is true and correct and attests financial responsibility, ability and willingness to pay all invoices in strict accordance with the terms stated herein. The undersigned also agrees to pay Wisdom Of The Ages, LLC a fee of \$20.00 on each returned check, 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. 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 fees, attorney 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 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 at its sole discretion. The undersigned agrees to notify Wisdom Of The Ages, LLC promptly in writing of any changes in ownership of the business conducted under the account name and agrees to pay any liability charges incurred by the business conducted under the account name unless and until written notice of the change in ownership is received by Wisdom of the Ages, LLC.

 Authorized Signature

 Printed Name / Title

 Date