



WISDOM OF THE AGES, LLC

P.O. BOX 276 WESTCLIFFE, CO 81252 OFFICE: 719-783-4431 FAX: 719-783-4435 EMAIL: ORDERS@WISDOMOFTHEAGESLLC.COM

CREDIT APPLICATION AND AGREEMENT

Applicant's Name: _____ Title: _____

Business Name (please list all DBA's) _____

Business Type: _____ Length of time in business: _____

Legal Entity (check one): [] Corporation [] Partnership [] Sole Proprietor [] LLC

Federal Tax I.D. No.: _____

Business Phone: _____ Business Fax: _____

Business E-Mail: _____ Business Web Site: _____

Desired Terms (check one): [] Net 30 [] COD [] Due on receipt

Business Physical Address: _____ Business Mailing Address (if different than physical): _____

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

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

Trade References:

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

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

Bank Reference (Primary Business Banking Institute):

Bank Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Checking Account No.: _____ Phone No.: _____ Fax No.: _____

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

The undersigned hereby authorizes Wisdom of the Ages LLC, to contact the references listed in assessing 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 Wisdom of the Ages LLC 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 \$25.00 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, 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 the extension of credit to applicant is at the sole discretion of Wisdom of the Ages LLC, and the extension of credit or the terms thereof may be withdrawn or changed by Wisdom of the Ages LLC at its sole discretion. The applicant agrees to notify Wisdom of the Ages LLC promptly in writing of any changes in ownership of the business conducted under the applicant's business name and agrees to liability charges to the business conducted under the business name unless and until Wisdom of the Ages LLC receives written notice of the change in ownership.

Authorized Signature / Title

Printed Name

Date