

# JONES HARDWARE BUSINESS REWARDS PROGRAM CREDIT APPLICATION

**Start saving today!** Fax or mail this application to:  
Jones Ace Hardware Corporate Office  
Attn: Business to Business (House Account)  
115 East Independence St  
Shamokin, PA 17872  
Phone: 570-648-4631 Fax: 570-648-5309

How did you find out about Jones Hardware Business Rewards Program?	
<input type="radio"/> Jones Hardware	_____ <small>NAME OF TEAM MEMBER</small>
<input type="radio"/> Business Referral	_____ <small>NAME OF BUSINESS</small>

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_  Yes, please email me coupons, tips and savings

Nature of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Business  Corporation  Partnership  Individual Ownership

Names and Residence Address of Owners or Officers \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly Credit Limit Requested \_\_\_\_\_ Tax Exempt?  N  Y If yes, return copy of Exempt Certificate with your application

Type of Account Requested  Approved person(s). Attach your printed list of approved persons.  Your company's purchase order required.

**The persons or organizations listed below are authorized to release any information they may have to Jones Hardware Inc. to support this application for credit.**

Bank \_\_\_\_\_ Bank Address \_\_\_\_\_

Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Loan Number \_\_\_\_\_

## BUSINESS REFERENCES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Conditions of Sale and Terms of Payment We certify that all the information on this form is correct. We fully understand that all purchases are due and payable within thirty days of Statement date. Purchaser also agrees to pay a service charge not to exceed the maximum allowable contract rate under the state statutes computed on the unpaid delinquent balance until the account is paid in full. Purchaser and/or its principal officers agree to be legally responsible for all unpaid balances on this account and will pay all reasonable legal fees and other costs incurred for debt collection. The parties hereby agree to submit to the jurisdiction of the court located in Northumberland County, Pennsylvania, in connection with any controversy arising between them.

Authorized Signature \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_