



Bates Ace Hardware
 P.O. Box 20077
 Atlanta, GA 30325-0077

1709 Howell Mill Rd. NW
 Atlanta, GA 30318

E-Mail: batesace@acehardware.com

Phone 404-351-4240
 Fax 404-350-8402

CHARGE ACCOUNT APPLICATION COMMERCIAL ACCOUNT

To insure prompt processing of credit application,
 please fill out completely front and back pages with principle's signature.

Date _____
 Company (Corporate) Name _____
 D/B/A Used (if any) _____
 Street Address _____ City _____
 State _____ Zip _____ Phone () _____
 _____ Fax () _____
 Billing Address (if different) _____ State _____ Zip _____
 City _____ Date Started _____
 Type of Business _____ Partnership () Individual ()
 Incorporated ()
 Please List ALL Principal Owners or Officers _____
 Name _____ Title _____ Residence Address _____ Phone _____

Commercial Bank Name _____ Account # _____
 Previous or Current Business loans with _____
 Name of Loan Officer _____ Phone # _____
 Authorized Buyers _____

Do you desire that charges allowed be supported by purchase orders? yes ()
 no ()

List charge accounts with independent area suppliers.

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

TERMS OF THIS CREDIT AGREEMENT

1. In consideration of the extension of credit by Bates Hardware Co., The "applicant" hereby agrees that all charges billed monthly are due and payable by the 10th of the following month. Invoices not paid by the 20th of the following month are to be considered past-due and subject to a service charge of 1 1/2% per month (18% per annum). No extended terms are authorized.
2. It is agreed that all sales, whether invoiced to the applicant individually or in a corporate or partnership name or in any trade name or in the name of any subsidiary or in the name of any officers or agents, shall nevertheless be an indebtedness of the applicant.
3. The applicant agrees to examine all invoices and statements promptly upon receipt and to notify Seller immediately of any shortage, discrepancy or error, and further agrees that such invoice or statement shall be presumed correct unless it shall notify Seller in writing of such shortage, discrepancy or error within (10) days of its receipt of such invoice or statement.
4. Should any indebtedness of the applicant incurred whereunder, upon default, be collected by or through an Attorney-at-law, the undersigned agrees to pay, in addition to the principal indebtedness and all accrued interest thereon, attorney's fees in an amount equal to fifteen per cent (15%) of the total outstanding principal balance plus accrued interest.
5. This application for credit and all the terms and conditions contained in this agreement have been carefully read and understood by the Applicant. The information supplied in this application is, complete, accurate and truthful and the Applicant intends that Bates Hardware Co. should rely upon it for the purpose of the Applicant's obtaining merchandise from Bates Hardware Co. on credit.

Name of Applicant

By:

Please type or print full name.

Date Signed

Title

PERSONAL GUARANTY

The undersigned, who is a partner/shareholder/principal officer of the Applicant, agrees to and does hereby personally guarantee the full and prompt payment of all indebtedness of the Applicant to Bates Hardware Co. which was incurred pursuant to the forgoing agreement to extend credit. The undersigned hereby waives presentment, demand for payment, protest, and notice of non payment. The undersigned waives notice of the Seller's acceptance of this Guaranty and notice of the accrual of the liability of the undersigned under this guaranty. The undersigned waives any and all defenses of the Applicant to the indebtedness incurred pursuant to the foregoing credit agreement except the defense of payment. The personal guaranty shall continue in full force and effect until all obligations incurred under such credit agreement have been paid in full.

Name

Title



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A/P CONTACT INFORMATION

NAME: _____

PHONE: _____ EXT: _____

FAX _____

E-MAIL ADDRESS _____

TO INSURE THAT YOU RECIEVE YOUR INVOICES
EACH MONTH PLEASE CHECK THE ONE YOU DESIRE.

___ MAILED OUT WITH STATEMENTS

___ BY FAX

___ BY E-MAIL

PLEASE TELL US ABOUT YOUR COMPANY:

LINE OF WORK _____

SPECIAL PROJECT IN THE
AREA _____