COUNTRY SUPPLIER BUSINESS ACCOUNT FORM

DATE: _____

CHECK ONE: **NEW ACCOUNT -** ☐ **EXISTING ACCOUNT -** ☐

EXISTING BUSINESS ACCT. NUMBER: _____ **PRO. SALES REP. NAME:** _____

NAME		BUSINESS NAME IF DIFFERENT
MOBILE NUMBER	PHONE NUMBER	EMAIL
STREET ADDRESS	CITY / STATE / ZIP CODE	
SHIPPING ADDRESS IF DIFFERENT:		
SAME ADDRESS AS BUSINESS : YES ☐ NO ☐		BUSINESS ADDRESS IF DIFFERENT:

LIST OF AUTHORIZED PURCHASERS

For the security of your account, we ask that you provide us with the names of the persons who are authorized to charge purchases against your account. If changes to this list are needed, it is your responsibility to contact us to update these records. Changes need to be made in writing by emailing us at ***ar@countrysupplier.com***. Call Accounts Receivable at (208) 523-3359 for any questions.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

(PLEASE ADD ADDITIONAL NAME AT THE END OF THIS APPLICATION IF NECESSARY.)

Are purchase orders required: YES ☐ NO ☐

TAX EXEMPT: YES ☐ NO ☐ **(IF "YES" PLEASE PROVIDE A STATE OF RESIDENCE TAX EXEMPT FORM.)**

MY HOME STORE WILL USUALLY BE: _____

WHOM SHOULD WE CONTACT FOR ANY POSSIBLE VERIFICATION ON PURCHASES:

NAME: _____ PHONE NUMBER: _____

I approve the above list of names as authorized individuals to make purchases on our account.

Names Approved By:_____

Signature: _____ **Date:**_____

COMPLETE THIS SECTION IF APPLYING FOR 30/NET ACCOUNT APPLICATION:

BUSINESS NAME	BUSINESS DBA
TYPE OF BUSINESS	ENTITY TYPE

DESIRED CREDIT LIMIT
FEDERAL TAX ID NUMBER

NAMES OF PRINCIPALS	ADDRESS	SOCIAL SECURITY NO.
1.		
2		
3.		

NAME OF BANK WHERE BUSINESS ACCOUNT IS LOCATED	ADDRESS	ACCOUNT NO.
NAME OF OFFICER TO CONTACT AT BANK		PHONE NUMBER

CREDIT REFERENCES	ADDRESS	EMAIL	PHONE NUMBER
1.			
2.			
3.			

TERMS OF ACCOUNT

The following terms and conditions shall apply to this account if application is approved by Country Supplier, LLC

1. The entire amount of the account is due on or before the 10th of the month following purchase.
2. Account is considered Past Due on the 11th of the month following the date of purchase.
3. If the full amount of all purchases are not paid within 30 days from the date of purchase, the applicant agrees to pay a **FINANCE CHARGE** on the remaining balance, computed as follows:
4. The **FINANCE CHARGE** is computed by a **"Periodic Rate" of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%** applied to the "previous month's balance" after adjusting for payments or credits applied the following month.
5. If account is not paid within 45 days, in-house charge will not be permitted until the account is paid in full.
6. Applicant agrees to furnish a financial statement for the business and the principals of the business upon request by Country Supplier, LLC.
7. Applicant agrees to pay reasonable attorney's fees, court costs, and other collection cost should legal action become necessary to collect their account.
8. Country Supplier, LLC. Reserves the right to contact listed credit references to acquire credit history.

PLEASE READ THE TERMS OF THIS APPLICATION AND AGREEMENT BEFORE SIGNING!

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE CREDIT TERMS.

AUTHORIZED SIGNATURE

PRINTED NAME OF AUTHORIZED INDIVIDUAL DATE

PERSONAL GUARANTEE OF ACCOUNT

In consideration of the extension of credit to the above-named commercial applicant, the undersigned hereby guarantees absolutely and unconditionally, at all times, the payment of any indebtedness incurred by said applicant for merchandise purchased in the name of the applicant and further agree to pay the account in accordance with Country Supplier, LLC's credit terms. In the event of non-payment of the account according to the Company's credit terms and the account is placed with a collection agency or attorney for collection, the undersigned agrees to pay all costs of collection plus actual attorney's fees incurred by Country Supplier LLC. By signing this application, I hereby authorize the investigation of any of the references given or data or statements obtained for the purpose of obtaining credit history and financial responsibility for the applicant and it principals and the guarantor herein.

GUARANTOR: _____ SIGNATURE: _____ DATE: _____

I HAVE READ, AND UNDERSTAND AND AGREE TO THE ABOVE CREDIT TERMS AND PERSONAL GUARANTEE.

Statements, Invoices and Payments

Customer Email Address To Receive Invoices & Statements:

For payments made via check, please send them to our corporate office at the PO Box below. For payments via credit card, please call accounts receivable at: 208-523-3359 EXT. 202

Please submit this application to your Country Supplier Professional Sales Rep., or email it to us at: **ar@countrysupplier.com**

THANK YOU FOR YOUR BUSINESS!

Country Supplier PO Box 1866 Idaho Falls, ID 83403

COUNTRY SUPPLIER

CAL Ranch & Coastal