Electric/Plumbing/Ritchie
118 W. Court, PO Box 486
Beloit, KS 67420
P: 785-738-5781 / 800-657-5770
F: 785-738-2480 / 866-778-6513

Beloit Small Engine
113 W. Court, PO Box 486
Beloit, KS 67420
P: 785-738-2090 / 800-569-2700
F: 785-738-4005 / 800-489-4804

ALL SECTIONS AND SUPPORTING DOCUMENTATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

Which type of account are you applying for (circle one)? **OPEN/CHARGE C.O.D. CREDIT CARD**

Which store purchasing from (circle one)? **Electric/Plumbing/Ritchie Small Engine/Outdoor Power**

Business Name_____

Full Mailing Address _____City_____State_____Zip_____

Full Shipping Address _____City_____State_____Zip_____

Business Telephone # _____

Fax # _____

E-Mail Address _____
Do you want invoices/statements emailed to you (circle one)? **Yes No**

Website Address _____

President/Owners Name_____

Accounting Contact_____

Sales Contact_____

Date Business Started _____

Is the Business Ran From Your Home? **Yes No**

Type of Business_____

Do You Require PO's? _____ Written or Verbal_____

Federal ID #_____
OR
Social Security #_____
(These are required, or the credit application will not be processed.)

Do you want your purchases to be tax exempt (circle one)? **Yes No**
(if yes, an appropriate exemption certificate must be attached, or account will be taxed)

BANK REFERENCE: only needed if applying for an open/charge account
(To expedite processing a phone number AND fax or email must be provided for reference contact, reference release form must be completed as well.)

_____
Bank Name Account City/State/Zip

Contacting Officer(s) _____

Telephone # _____ Fax #_____

Account #_____ Email_____

CREDIT REFERENCES: only needed if applying for an open/charge account
(To expedite processing a phone number AND fax or email must be provided for reference contact, reference release form must be completed as well.)

1._____

_____

_____

2._____

_____

_____

3._____

_____

_____

ONLY If requesting a credit card account, please complete the following section:

Credit Card (please circle one) **DISCOVER MASTERCARD VISA**

Card Number _____

Expiration Date_____ Security Code_____

If insufficient credit/bank references are returned for open/charge accounts, we will request a credit card be placed on file or that your account be set up as COD until we can ensure sufficient credit information.

ALL ACCOUNTS DUE THE 10TH OF THE MONTH FOLOWING DATE OF PURCHASE AT THE OFFICE OF BOETTCHER SUPPLY, INC., PO BOX 486, BELOIT, KS 67420-0486. ACCOUNTS PAST DUE 35 DAYS SHALL BE SUBJECT TO A FINANCE CHARGE OF 1.5% WHICH IS AN ANNUAL RATE OF 18% PER ANNUM. ACCOUNTS PAST DUE 65 DAYS WILL RECEIVE NOTIFICATION AND BE PLACED ON COD UNTIL PAYMENT IS RECEIVED OR OTHER ARRANGEMENTS ARE MADE.

PERSONAL GUARANTEE ***(This must be signed, or application will be returned)***
In consideration of credit being extended by ***BOETTCHER SUPPLY, INC.*** to the above-named applicant for merchandise to be purchased whether applicant is an individual or individuals, a proprietorship, a partnership, a corporation, or other entity. The undersigned guarantor or guarantors each hereby contract and guarantee to ***BOETTCHER SUPPLY, INC.*** the faithful payment when due, of all accounts of said applicant for purchases. The undersigned guarantor/guarantors each hereby expressly waive all note of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor/guarantors of his honor or default by applicant or with respect to any security held by ***BOETTCHERSUPPLY, INC.*** The extension of time of payment to applicant, acceptance of partial payment or compromise, all other notices to which the undersigned guarantor/guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to: ***BOETTCHER SUPPLY, INC.*** **Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney's fees.**

_____ _____

Please Sign **Date**