

# **DORN *TrueValue* HARDWARE**

## ***Four Locations to Serve You***

**Office – 1342 S. Midvale Boulevard Madison, WI 53711**

**Phone (608) 274-2511 Ext. 4 Fax (608) 244-5468**

**Email [Dornar@Truevalue.net](mailto:Dornar@Truevalue.net)**

### **CHARGE ACCOUNT AGREEMENT**

I. I agree that the following terms will govern any purchases made which are charged to any account that I may have with you:

1. Each billing period:

A. Within 20 days of the Closing Date I will pay the NEW BALANCE or Minimum Amount Due which shall be the greater of \$20.00 or 1/10th of the NEW BALANCE. If I pay the NEW BALANCE within 20 days of the Closing Date I will not be assessed a FINANCE CHARGE in the succeeding billing cycle.

B. The FINANCE CHARGE will be computed upon the unpaid balance of the account on the last day of the billing cycle calculated after first deducting all payments, credits, and refunds during the billing cycle.

2. The FINANCE CHARGE shall be determined by applying a periodic rate of 2% per month (ANNUAL PERCENTAGE RATE OF 24%).

3. I have the option to pay my entire balance in full at any time without incurring a subsequent FINANCE CHARGE.

4. If I default by failing to pay when due on two occasions within any twelve-month period, and I do not cure the default as permitted me by applicable law, my entire balance may, at your option, become due and payable. Your waiver of any default shall not operate as a waiver of any other default.

5. Each payment shall be applied: First to unpaid FINANCE CHARGE; then, as to merchandise and services purchased on different dates, the first purchased shall be deemed first paid; as to merchandise and services purchased on the same date, the lowest priced shall be deemed first paid.

6. The Seller is authorized to investigate my credit record and report to proper persons and Bureaus my performance of this agreement.

II. Applicants, by their signature, acknowledge they have read this form.

Dated: \_\_\_\_\_

Accepted: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Merchant)

\_\_\_\_\_  
(Applicant's Spouse, Partner or N/A)

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## APPLICATION FOR CREDIT

BUSINESS NAME: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### REFERENCES

BANK/BRANCH: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

OTHER CHARGE ACCOUNTS: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

\_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Approximately how much will you be charging per month? \_\_\_\_\_

Do you require a PO?

Would you like emailed purchase receipts? \_\_\_\_\_ Would you like emailed monthly statements?

Please attach a copy of WI resale/exemption certificate to this form if applicable.

### PERSONS AUTHORIZED TO CHARGE TO THIS ACCOUNT: (PLEASE PRINT)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

I AUTHORIZE DORN HARDWARE TO OBTAIN CREDIT INFORMATION FROM MY FINANCIAL INSTITUTION AND OTHER CREDIT REFERENCES LISTED ABOVE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Please return by mail, fax or in person to the above office**

**OVER PLEASE: BOTH SIDES REQUIRE A SIGNATURE**