



Date \_\_\_\_\_

Signature \_\_\_\_\_



**Vail Valley Ace Hardware**

2111 N Frontage Rd W Ste C  
Vail CO 81657  
(970) 476-8282 PHONE  
(970) 476-9386 FAX

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

I, \_\_\_\_\_, authorize Vail Valley Ace Hardware to charge the following credit card:

Card Type (circle one) Visa / MC / Discover / AMEX

Card Number \_\_\_\_\_

Expiration Date (mo/yr) \_\_\_\_/\_\_\_\_

Three Digit Authorization Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please auto-charge my card each transaction at register.**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date





**Vail Valley Ace Hardware**

2111 N Frontage Rd W Ste C  
Vail CO 81657  
(970) 476-8282 Phone (970) 476-9386 Fax  
www.vailace.com

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

We would like to add/delete the following names on our authorized signer list:

PLEASE CIRCLE

- |    |       |     |        |
|----|-------|-----|--------|
| 1. | _____ | ADD | DELETE |
| 2. | _____ | ADD | DELETE |
| 3. | _____ | ADD | DELETE |
| 4. | _____ | ADD | DELETE |
| 5. | _____ | ADD | DELETE |
| 6. | _____ | ADD | DELETE |
| 7. | _____ | ADD | DELETE |
| 8. | _____ | ADD | DELETE |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

>> You may also email name additions and deletions to Annique Frank at: [accounting@vailace.com](mailto:accounting@vailace.com)



---

**Vail Valley Ace Hardware**

2111 N Frontage Rd W Ste C  
Vail CO 81657  
(970) 476-8282 Phone (970) 476-9386 Fax  
www.vailace.com

Account Terms & Conditions:

We hereby apply for credit with Vail Valley Ace Hardware LLC (hereinafter, "Ace") and agree to the following regarding all purchases on this account:

1. Upon approval, we will have the privilege of an open business charge account in which we will pay the full amount of all merchandise purchased within 30 days from the date of each invoice or billing statement depending on the terms stated on the invoice or statement.
  2. Our account has an established credit limit. In some instances a personal guaranty by an authorized officer of our business may be required for Ace to extend credit. (If guaranty is required, Ace will notify you.)
  3. If we do not pay the full amount due for all merchandise purchased within terms, we agree to the following: We will incur and pay a finance charge that will be computed at a periodic rate of 1.5% per month (APR of 18%) on that portion of the previous balance remaining after deducting the payments and credits prior to the current closing date. The minimum monthly finance charge is \$2.50.
  4. If we do not pay on our account as agreed or exceed the credit limit, our business charge account may be temporarily suspended until the account is paid in full.
  5. Ace endeavors to apply all payments as per the customer's remittance advice attached with the customer's check. However, in the incidence of any past due amounts, Ace may apply any payments to the oldest outstanding invoices.
  6. Ace may declare the unpaid balance to be due and payable if we default in making any required payment in full when due and we agree to pay Ace all reasonable collection expenses, attorney fees and court costs incurred in collecting this account.
  7. We will immediately notify Ace upon any change in our address, or upon any changes in the ownership or legal organization structure of our business.
  8. The terms and conditions of this application shall, upon extension of credit by Ace, constitute an agreement of sale.
-



**Vail Valley Ace Hardware**

2111 N Frontage Rd W Ste C  
Vail CO 81657  
(970) 476-8282 Phone (970) 476-9386 Fax  
www.vailace.com

Vendor References:

Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

