



A division of Albion-Holley Pennysaver, Inc.

170 N. Main Street • Albion, New York 14411
Phone: 585-589-5641 • Fax: 585-589-1239
www.lakecountrypennysaver.com
E-mail credit application to:
accounting@lakecountrypennysaver.com

APPLICATION FOR ACCOUNT

Please print clearly or type

Business (please state corporation or d.b.a) Fed. Tax ID #

BUSINESS ADDRESS

Street Address City, State Zip Code

Name of Individual Making Application for Business SS#

Business Mailing Address

Street Address or P.O. City, State Zip Code

Business Telephone Home Telephone

HOME ADDRESS

Street Address City, State Zip Code

E-mail Address

The following persons are authorized to make purchases or approve charges to our (my) account:

Two blank lines for authorized persons

Credit Card Payment Backup Information

Name as it appears on Credit Card

Credit Card Billing Address City, State Zip Code

Type of Credit Card: Mastercard Visa Discover

Credit Card Number Expiration Date Security Code (last 3 or 4 numbers on signature strip.)

Bank References

Name Phone Fax

Address

Name Phone Fax

Address

Business References

Name Phone Fax

Address

Name Phone Fax

Address

Purchase orders will will not be furnished. We require copies of invoices. Tax Exempt #
Invoices and all correspondence pertaining to the accounts should be addressed attn.:

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. Payment terms are net 10 days from date of invoice. Accounts not paid within thirty (30) days may be charged against credit card listed above. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, and consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. If the buyer is a limited liability company or corporation, the undersigned agrees they will be personally and individually liable for any indebtedness owed by corporation or limited liability company. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature Title

Print or Type Name Date