



**GLENDIVE STORE**  
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 1.800.ABC.BOSS

**MILES CITY STORE**  
 1001 Main St. • Miles City, MT 59301  
 1.406.234.2677 • Fax: 1.406.234.9116  
 1.888.285.9525

**SIDNEY STORE**  
 124 N. Central Ave. • Sidney, MT 59270  
 1.406.433.2677 • Fax: 1.406.433.2376  
 1.888.866.6646

## CREDIT APPLICATION AND AGREEMENT

**INSTRUCTIONS TO APPLICANT (BUYER):** Fill in all spaces as applicable. An authorized signature is mandatory prior to receiving credit terms.

### TYPE OF ACCOUNT BEING REQUESTED

- I would like to apply for an open account whose outstanding balance is placed on my credit card monthly.
- I would like to apply for an open account whose outstanding balance is net 30 and will secure my account with a credit card. (Any balances that are outstanding past 45 days may be charged to the securing card)
- I would like to apply for an open account whose outstanding balance is net 30 and will secure my account with a personal guarantee.

### BUSINESS INFORMATION

COMPANY NAME (dba): \_\_\_\_\_  Corporation  LLC  
 LEGAL COMPANY NAME: \_\_\_\_\_  Partnership  Proprietorship  
 BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 LENGTH OF TIME IN BUSINESS \_\_\_\_\_ FEDERAL TAX ID # \_\_\_\_\_  
 LEGAL OWNER(S) NAME(S) \_\_\_\_\_

### CONTACT INFORMATION

CONTACT NAME AND EMAIL ADDRESS OF PERSON RESPONSIBLE FOR ACCOUNT PAYABLES  
 NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
 I WOULD LIKE MY MONTHLY STATEMENT  Mailed to my billing address  E-mailed to our A/P contact

### CREDIT CARD INFORMATION (\*Disregard if giving personal guarantee)

Check here if you prefer to give your credit card information over the phone.  
 TYPE OF CARD:  Mastercard  Visa  Discover Issuing Bank \_\_\_\_\_  
 CARD HOLDER'S NAME (As it appears on the card) \_\_\_\_\_  
 MAILING ADDRESS OF CREDIT CARD STATEMENT (City, St, Zip) \_\_\_\_\_  
 CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVC CODE \_\_\_\_\_  
The CVC Code is the last 3 digits from the signature line (on back of card)  
 CARD HOLDER'S SIGNATURE \_\_\_\_\_  
 CARD HOLDER'S: PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### TRADE REFERENCES

_____ BUSINESS	_____ ADDRESS/CITY/STATE/ZIP	_____ TELEPHONE
_____ BUSINESS	_____ ADDRESS/CITY/STATE/ZIP	_____ TELEPHONE
_____ BUSINESS	_____ ADDRESS/CITY/STATE/ZIP	_____ TELEPHONE

### STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

- I hereby certify that the information contained herein is complete and accurate.
- I hereby authorize the trade references listed on this application to release necessary financial information to BOSS Inc. for the purpose of establishing credit.
- I understand that the terms of this account are Net 30 unless otherwise agreed to in written form. A late charge of 1.5% per month will be charged for all outstanding balances
- In the event the account is turned over to an attorney or other agency for collection, or suit is brought on for collection, or the balance is collected through any judicial proceeding whatsoever, applicant shall pay all reasonable attorney's fees and court costs incurred by BOSS Inc. or any of it's subsidiaries and affiliated entities.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE TITLE DATE  
\*YOUR SIGNATURE CERTIFIES THAT YOU ARE AUTHORIZED TO SIGN ON COMPANY'S BEHALF.

### PERSONAL GUARANTEE (\*Disregard if applying for credit card secured account)

*The undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred now and in the future for all monies owed by the Company, Persons, or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed or outstanding to BOSS Inc. and Guarantor hereby waives their subrogation or recovery rights.*

\_\_\_\_\_  
 GUARANTOR SIGNATURE FIRST NAME LAST NAME SSN DATE OF BIRTH  
 \_\_\_\_\_  
 STREET ADDRESS CITY STATE ZIP