



P.O. BOX 1770, Malta, MT 59538  
 (406)654-2331 Office  
 (406)654-2887 Fax

**New Account Application**

NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_ OWN / RENT (circle one)  
 PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ S.S# \_\_\_\_\_ NO. OF DEPENDENTS \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYED BY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_  
 MONTHLY INCOME \$ \_\_\_\_\_ MO. WORKED PER YEAR \_\_\_\_\_  
 SOURCE & AMOUNT OF OTHER INCOME \_\_\_\_\_  
 PREVIOUS EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_  
 BANK NAME/ADDRESS \_\_\_\_\_  
 BANK OFFICER \_\_\_\_\_ PHONE # \_\_\_\_\_  
 CHECKING ACCOUNT # \_\_\_\_\_  
 LIST **TRADE** REFERENCES: (names, addresses, & phone #'s required)

**JOINT APPLICANT INFORMATION**

NAME \_\_\_\_\_ S.S# \_\_\_\_\_  
 ADDRESS(if different) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 EMPLOYED BY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
 MO. INCOME \$ \_\_\_\_\_ MO. WORKED PER YEAR \_\_\_\_\_  
 SOURCE & AMOUNT OF OTHER INCOME \_\_\_\_\_  
 BANK NAME & PHONE \_\_\_\_\_ ACCOUNT# \_\_\_\_\_  
 CREDIT LIMITED DESIRED\$ \_\_\_\_\_

**PLEASE READ & SIGN APPLICATION**

**(If joint application, both signatures required)**

I/We authorize EZZIE'S WHOLESALE INC., to investigate the above information listed. Applicant's signature attests to willingness and ability to pay our invoices in accordance with the payment terms, which may be granted and are shown on each invoice. A Service charge of 1.5% per month, an annual percentage rate of 18% will be assessed if the account is not paid according to terms stated on the invoice. In the event of Default, to pay all costs of collections including Legal fees. It is understood that the venue for any legal action shall be Phillips County, Montana, and that Montana law shall apply. **ALL ACCOUNTS WILL BE PAID IN FULL BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING PURCHASES.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_  
 SIGNATURE(if joint application) \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_