



## CREDIT APPLICATION – BUSINESS ACCOUNT

RETURN TO: **SHOPPERS CLUB FOR BUSINESS PO BOX 92217, ROCHESTER, NY 14692-0217**

LEGAL NAME		TRADE NAME/DBA	
STREET ADDRESS		APPROX.MONTHLY/WEEKLY CREDIT REQUESTED: (minimum \$1,000):	
CITY		STATE	ZIP CODE
BUSINESS PHONE	FAX NUMBER	EMAIL ADDRESS	
TYPE OF BUSINESS <i>(please circle one)</i> INDIVIDUAL PARTNERSHIP CORPORATION      LLC		FED. TAX NO. (FOR CORP)	
OWNERS/OFFICERS	HOME ADDRESS CITY, STATE, ZIP	HOME PHONE	TITLE
CREDIT REFERENCE	ADDRESS	TELEPHONE/FAX #	
BANK REFERENCE	ADDRESS	ACCOUNT NUMBER	
<b>GENERAL INFORMATION</b>			
Are You Listed With Dun & Bradstreet?		What Is Your Line of Business?	
Date Incorporated Or Registered?		Name of Person Who Pays Bills?	
What Are Your Annual Sales?		How Much Have You Invested In This Business?	
Do You Own The Building Or Rent?	Monthly Payment?	Name of Landlord Or Mortgage Bank?	
Have You Ever Been In Business Before?		Have You Ever Failed In Business?	
Have You Or Your Business Ever Been Bankrupt?		Have Any Liens or Judgments Ever Been Filed Against You Or Your Business?	
IF THE ANSWER IS "YES" TO ANY OF THE ABOVE, STATE DETAILS, INCLUDING NAMES, ADDRESSES & DATES			
<b>IF SALES TAX EXEMPT, PLEASE PROVIDE US WITH A COMPLETED EXEMPTION CERTIFICATE FOR OUR FILES. THANK YOU.</b>			

**TERMS AND CONDITIONS – THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS**

You represent that all of the information you have provided in this application is accurate and that there are no material omissions. You authorize us to make whatever inquiries we deem necessary concerning this application. You further represent that no purchases made on the account will be for personal, family or household purposes. You further represent that the person signing below is authorized to sign agreements on behalf of the applicant.

For Credit Applicants, you further agree to pay all charges on your account by the 10<sup>th</sup> of the month following billing. If you do not, you will be in default. You also agree to pay service charges of 1.5% per month on any amount overdue for more than 20 days until paid. Also, you agree to pay \$20.00 for each check that is returned unpaid. You will pay our costs, including attorney’s fees, if we have to collect an overdue balance from you. You are responsible for the security of the card(s) we issue to you and for promptly reviewing your statement each month. All charges made with cards issued to you will be deemed authorized by you up to and including the date you notify us that a card has been lost or stolen. We reserve the right to limit, cancel, or suspend your right to use your card(s) at any time for any reason. This agreement cannot be changed except by written notice from us to you, and your use of a card after being notified of a change indicates your acceptance of the change. You may not assign this agreement except with our express written consent. This agreement is governed by the laws of the State of New York without regard to principles of conflicts of laws. All disputes concerning this account shall be heard in a city, state or Federal court located in Monroe County, New York, and each party hereby consents to the jurisdiction of said courts.

X \_\_\_\_\_  
Signature of Company’s Authorized Representative                                  Printed Name                                  Title                                  Date

**PERSONAL GUARANTY**

**This section MUST BE COMPLETED if your company is a corporation, limited partnership or limited liability company AND has less than \$3 Million in annual sales, OR is less than 5 years old.**

The undersigned **individually and unconditionally** guarantee(s) the prompt and full payment to Wegmans Food Markets, Inc., its successors and assigns, of all amounts due on this account. This is a continuing guaranty and covers all amounts that are now due or may in the future become due o the account. No change in the agreement with the account holder or any payment or other arrangements made with the account holder, will affect this guarantee. The liability imposed by this guaranty is joint and several. The undersigned agree(s) to pay all our costs, including attorney’s fees, incurred to enforce this guaranty. **The use of a business title next to the signature does not change the individual’s liability under the guaranty.**

X \_\_\_\_\_  
Signature                                                                                  Printed Name                                                                                  Date

X \_\_\_\_\_  
Signature                                                                                  Printed Name                                                                                  Date

X \_\_\_\_\_  
Signature                                                                                  Printed Name                                                                                  Date

X \_\_\_\_\_  
Signature                                                                                  Printed Name                                                                                  Date