

SINCE 1966

SHOPPERS

★ SUPPLY ★

CHARGE ACCOUNT APPLICATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER _____

HOME PHONE _____ WORK PHONE _____ FAX NUMBER _____

BANK REFERENCE

BANK NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CREDIT REFERENCES (3 Required)

NAME	PHONE	ADDRESS	CITY	STATE	ZIP
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Have you filed for bankruptcy in the past 7 years? Yes _____ No _____

I authorize Shoppers Supply to inquire on my credit at the following institution(s):

BANK NAME _____

PHONE NUMBER & ADDRESS _____

APPLICANT'S SIGNATURE _____

CONTACT PERSON AT BANK _____

To be filled out by bank personnel only:

DATE ACCOUNT OPENED _____

AVERAGE ACCOUNT BALANCE _____ (ROUNDED OFF)

ANY NSF'S IN THE LAST 6 MONTHS _____ HOW MANY? _____

CREDIT LIMITS _____ (ROUNDED OFF)

NOW OWING _____ (ROUNDED OFF)

APPROXIMATE NET WORTH (CHECK ONE)

_____ 4-FIGURE

_____ 5-FIGURE

_____ 6-FIGURE

BANK CONTACT SIGNATURE _____

Anticipated monthly purchases _____

1. I agree to the terms and conditions of the Shoppers Credit agreement, a copy of which I have received. This application shall remain the property of Shoppers Plan whether or not a Shoppers Plan line of credit is established. I certify that the above information is correct as of this date.
2. I understand that Shoppers Plan reserves the right at anytime to withdraw my credit approval, or to terminate, or otherwise limit my account.
3. I authorize Shoppers Plan to obtain or exchange any information it may require relative to this application from any source, including my financial institutions and trade suppliers, and I authorize each source to provide Shoppers Plan with such information.
4. If married, I understand I have the right to apply for a separate for a separate credit account in my own name.

For Residents Only:

For Separate Account of married applicant: The credit extended through my Shoppers Account, if approved, will be incurred in the interest of my marriage or family.

For Joint Account with non-spouse: my co-applicant is _____ and his/her separate application is attached.

Annual Percentage Rate: 18%

Annual Fee: None

Other Charges: None

Finance Charge: Finance charge begins to accrue on a balance that is not paid in full within 10 days after the first billing of that balance.

Legal fees acquired as result of collection on past-due accounts are responsibility of applicant.



AUTHORITY TO RELEASE CREDIT-RELATED INFORMATION

The undersigned hereby authorizes the disclosure and release of any and all personal credit-related information in your possession, including but not limited to credit, financial, and banking, to Shoppers Supply as requested. This authorization is valid for 30 days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you,

Date: _____

Signature: _____

SHOPPERS SUPPLY

2880 South Alma School Rd - Chandler, AZ 85286

PHONE (480) 917-4060 - FAX (480) 899-1996

CONTACT: ACCOUNTS RECEIVABLE