



Simonson
STATION STORES
 SINCE 1933

Simonson Charge Account

COMMERCIAL CREDIT APPLICATION

PLEASE PRINT

Business Name in Full _____

Street Address _____ City _____ State _____ Zip _____

Billing Address (if other than above)

Street Address _____ City _____ State _____ Zip _____

Type of Business: Proprietorship ___ Partnership ___ Corporation ___ Telephone # (____) _____

How would you like to receive your monthly statements? _____ Mail _____ Email _____ Fax

Email Address: _____ Fax # _____

PLEASE LIST THREE CREDIT REFERENCES

Name: _____ Address _____ City _____ State _____ Zip _____

Account No. _____ Fax # (____) _____

Name _____ Address _____ City _____ State _____ Zip _____

Account No. _____ Fax # (____) _____

Name: _____ Address _____ City _____ State _____ Zip _____

Account No. _____ Fax # (____) _____

OTHER INFORMATION NEEDED

Simonson Credit Cards require a PIN number for proper security purposes. We will need a list of everyone authorized to charge on your account and a selected 4-digit PIN number. Example: John Doe #1000, Jane Doe #1001, Susie Doe # 1002. Everyone must have a different 4-digit PIN number. These numbers are necessary in order to accurately process your statements with a detailed listing of all account transactions according to each user. Please provide us with this information and return both the credit application and all users with PIN numbers to your local Simonson Station Store.

NAME _____	PIN# _____	NAME _____	PIN# _____
NAME _____	PIN# _____	NAME _____	PIN# _____
NAME _____	PIN# _____	NAME _____	PIN# _____
NAME _____	PIN# _____	NAME _____	PIN# _____

OWNER'S SIGNATURE –PERSONAL GUARANTY

I agree that you may verify all information provided which will include, but is not limited to, my personal credit history, now and in the future. If for any reason the above listed business becomes unable to pay all or any portion of the debt owed to Simonson Station Stores, Inc. (Simonson), I personally guaranty payment in full upon presentment from Simonsons. The undersigned guarantees the debts in the happening of which include, but are not limited to, death, dissolution, failure of the business, or any petition in bankruptcy being filed against the undersigned. This is a continuing and unconditional guaranty remaining in full force until the debt has been satisfied and written notice has been given to Simonsons to close the account. I also agree that any unpaid past due balance will accrue a monthly finance charge at a rate of 18% per year.

Owner's Signature X _____ Date Signed _____

Owner's Social Security # _____