

New York City
 1299 2nd Avenue
 New York, NY 10065



Long Island
 81 Glen Cove Road
 Greenvale, NY 11548

Charge Card Application

1. **Personal Information** (Check one) Individual Account Joint Account One User Two Users _____ Users

Name: (Please Print) First MI Last	Social Security	DOB Mo ____ Day ____ Yr ____
Street Address Apt	Driver's License ID #: State Issued:	
City State Zip	Length at Current Residence:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
Email:	Primary Phone () _____ - _____	Mobile () _____ - _____

2. **Employment Information**

Company Name	Position:	
Company Address	Time Employed Yrs _____ Mos _____	Business Phone () _____ - _____

3. **Co-Applicant or Spouse Authorized User**

Name: (Please Print) First MI Last	Social Security	DOB Mo ____ Day ____ Yr ____
Street Address Apt	Driver's License ID #: State Issued:	
Primary Phone Mobile () _____ - _____ () _____ - _____	Employer	Business Phone Time Employed () _____ - _____ Yrs _____ Mos _____

Notice: A consumer report may be requested in connection with this application and updated reports may be obtained periodically. You have the right, upon request, to be informed whether a report was obtained and name which agency provided such information.

Please Note: Additional charge cards may be requested bearing the principle card holders name and authorized user name. Each card under the relating account will possess the same account number.

4. **Additional Cards for Authorized Users:**

Name: (Please Print) First MI Last	Relationship to Account Holder
Name: (Please Print) First MI Last	Relationship to Account Holder
Name: (Please Print) First MI Last	Relationship to Account Holder
Name: (Please Print) First MI Last	Relationship to Account Holder

Charge Card Terms: Our charge card terms are Net 30 days of final statement date.

- 30 days past due of final statement, your account will be under discretion of the credit department.
- 45 days past due of final statement, your account will be put on hold, until overdue balances are paid.
- 60 days past due of final statement, the account will be permanently closed.

In the event of a delinquent account, the customer will incur all collection costs. The undersigned purchaser agrees that all goods and/or services purchased from the seller are not payable in installments, but payable in full through US Currency by the due date of the seller's statement.

Grace's Marketplace reserves the right to refuse and/or revoke the usage of this card without prior notice. Please sign this document after the applicant has carefully read and agrees to all terms and conditions, and assure that all information is truthful and accurate. Any incorrect information may result in the denial of your application.

Signature(s) Required: (Joint applicant signature required if applied.)

I, (Please Print) _____, authorize Grace's Marketplace, Inc. to review my credit record to verify personal credit and employment information. I have read and agree to all terms and conditions as mentioned in the above application issued by Grace's Marketplace, Inc. I understand that Grace's Marketplace, Inc. may amend the charge card agreement at any time.

Primary Applicant: X _____ Date ____/____/____

Co-Applicant: X _____ Date ____/____/____

Corporate or Wholesale Charge Account Clients ONLY:

Company Name		Year Established	Primary Phone () _____-_____	
Street Address		City	State	Zip Code
Type of Business	Re-Sale No.	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Account Supervisor Name:	

Name of Legal Owner(s) or Corporate Officer(s):		
Name	Title	Primary Phone
Name	Title	Primary Phone
Name	Title	Primary Phone

Bank Reference: List Information Requested on Business Bank Account which has been valid for SIX MONTHS or More.				
Bank Name	Address	City	State	Zip Code
Account Number	Bank/Account Representative:	Primary Contact: () _____-_____		
Routing:	Checking:			

Trade Reference: List 2 References with an Active Account in excess of 1 Fiscal Year, Listing a Minimum of 6 Transactions during a single fiscal year.				
1. Company Name	Address	City	State	Zip Code
Company Contact:	Primary Phone:	Email:		
2. Company Name	Address	City	State	Zip Code
Company Contact:	Primary Phone:	Email:		

It is understood this application is subject to review by Grace's Marketplace, Inc. The undersigned purchaser agrees to pay, in the event the aforementioned account becomes delinquent and the seller commences collection proceedings, all fees and legal expenses in pursuit of unsettled invoices. The undersigned purchaser agrees that all goods and/or services purchased from the seller are not payable in installments, but payable in full through US Currency by the due date of the seller's statement. The undersigned represents the account holder has the express authority to execute this charge agreement on behalf of the firm listed above, and agrees to all terms and conditions listed by Grace's Marketplace, Inc. Grace's Marketplace, Inc. reserves the right to verify all information provided.

Print Name:	Signature:
Position Title:	Date: