



CHARGE ACCOUNT APPLICATION

NAME _____

MAILING ADDRESS

SUMMER _____

WINTER _____

PHONE# _____
CELL# _____

LOCAL REFERENCES 1 _____ PH# _____

2 _____ PH# _____

3 _____ PH# _____

OFF ISLAND 1 _____ PH# _____

REFERENCES 2 _____ PH# _____

3 _____ PH# _____

DRIVER LICENSE# _____

CREDIT CARD# _____

EXPIRATION DATE _____

SIGNATURE _____ DATE ____ / ____ / ____

APPROVED BY _____ ACC# _____

OUR TERMS OF EXTENDING CREDIT ARE THAT ALL CHARGES MUST BE PAID BY THE 15TH OF THE FOLLOWING MONTH. ANY ACCOUNT THAT GOES BEYOND 30 DAYS OF THE BILLING DATE WILL BE TERMINATED UNLESS PREVIOUS ARRANGEMENT HAS BEEN MADE.