

# TrueValue® COMMERCIAL CREDIT CARD APPLICATION

Moisten gummed flap to seal.

STORE #

## ORGANIZATION INFORMATION

ORGANIZATION NAME AS IT WILL APPEAR ON THE CARD (Limit of 26 Characters)				FEDERAL TAX ID OR EIN #	CONTRACTOR'S LICENSE NO. (IF APPLICABLE)
TYPE OF BUSINESS	YEARS IN BUSINESS	# OF EMPLOYEES	ANNUAL REVENUE <input type="checkbox"/> OVER \$1 MILLION <input type="checkbox"/> UNDER \$1 MILLION	ESTIMATED MONTHLY PURCHASE AMOUNT \$	
BILLING CONTACT				TITLE	PHONE ( )
By providing your contact information above, you agree to be contacted regarding your account via text message or telephone, including the use of pre-recorded or auto-dialed calls. Standard mobile, message, or data rates may apply.					
STREET ADDRESS		CITY		STATE	ZIP
BILLING ADDRESS IF DIFFERENT THAN ABOVE		CITY		STATE	ZIP
FORMER ADDRESS		CITY		STATE	ZIP
EMAIL ADDRESS		By providing your e-mail address, you consent for Comenity Capital Bank to share your e-mail address with True Value to be informed of exclusive offers, new arrival, sales events and promotions. You also consent to receive commercial e-mails from Comenity Capital Bank for solicitation, advertising and promotional offers related to your True Value Commercial Credit Card Account.			
IS BUSINESS INCORPORATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If corporation is less than 2 years old, you must complete the Personal Information section and sign by the "X" as a Personal Guarantor below to qualify.				
IS BUSINESS A PROPRIETORSHIP OR A PARTNERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, to qualify you must complete the personal information section and sign by the "X" as Personal Guarantor below.				

## PERSONAL INFORMATION

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS	HOME PHONE ( )	- - -

## BANK REFERENCE (Complete Bank Information Is Required to Process Application)

BANK NAME 1.	COMPLETE ADDRESS	PHONE ( )	ACCOUNT NUMBER
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## TRADE REFERENCES (A Minimum of Two (2) Trade References with six (6) months or more of Activity)

NAME 1.	COMPLETE ADDRESS	PHONE ( )	ACCOUNT NUMBER
NAME 2.	COMPLETE ADDRESS	PHONE ( )	ACCOUNT NUMBER

By submitting an application (the "Application") to Comenity Capital Bank ("Bank") for this Commercial Credit Card Account (the "Account"), you represent that the Applicant is a business entity or a qualified religious, education, or other nonprofit entity legally formed and in good standing or a government agency. Applicant agrees that all purchases made on the Account, will solely be for commercial purposes, that is, other than for personal, family or household use, and that the individual signing the Application is an authorized representative of the Applicant with the authority to submit the Application, enter into agreements on behalf of the Applicant and generally commit the Applicant to other binding obligations. On behalf of the Applicant, you certify (i) that all information provided in the Application is true, accurate and complete; (ii) the Applicant agrees to be bound by the Credit Card Agreement, which, if the Applicant is approved by Bank, will be provided with the card issued by Bank; and (iii) the Applicant authorizes Bank to check with credit reporting agencies and other sources Bank deems appropriate in considering the Application and subsequently for purposes of updates, renewals, or collecting on the Account. You understand that there is no binding contract between you and Bank until Bank approves the application.

Authorized Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I, personal guarantor of the Applicant, acknowledge and agree that, if Comenity Capital Bank ("Bank") approves the Applicant's application for the Account, I will be jointly and severally liable for any and all unpaid amounts that the Applicant may owe Bank under the terms of the Credit Card Agreement ("CCA"). To determine creditworthiness, I authorize Bank to obtain and investigate my personal credit bureau report and financial records, including any bank accounts held jointly or individually in my name. I agree to personally guarantee payment of any and all debt arising under or pursuant to the CCA, including, as permitted under applicable law, reasonable attorney's fees, arbitration fees, court fees, and/or collection costs. I agree that Bank can enforce this guarantee without first proceeding against the Applicant or any other guarantor(s) until such time all amounts due and owing have been paid in full. Bank may send notices and correspondence regarding the Account to Applicant and I will consider them received. I agree to guarantee payment even if the terms of the CCA have been changed. I understand that any negative information, including delinquency, may be reported to the appropriate credit reporting agency, and to True Value.

### AUTHORIZED PURCHASERS

X \_\_\_\_\_ 1. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of Personal Guarantor (As Required Above)

2. \_\_\_\_\_ 4. \_\_\_\_\_

### ACCOUNT RESTRICTIONS DESIRED

Date \_\_\_\_\_  Resale # \_\_\_\_\_  Tax Exempt ID # \_\_\_\_\_

Moisten gummed flap to seal.

Detach on perforation. Moisten gummed flap to seal. Fold.



Apply today & get

# 60 days

No interest if paid  
in full within 60 days.

Interest will be charged to your account (at the standard, variable APR) from the purchase date if the purchase balance is not paid in full within the promotional period. See Credit Card Agreement for details.

Hire the card  
that works  
for you.

(716) 822-0243  
FAX (716) 822-1821  
Toll-free 1-800-258-4585  
Email [lencowood@aol.com](mailto:lencowood@aol.com)

**LEN-CO**  
LUMBER CORP.

*"Quality For Less"*

1445 SENECA STREET • BUFFALO, NY 14210

Apply for the True Value®  
Commercial Credit Card

**True Value**®



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 4849 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE



**comenity**

**Comenity Capital Bank**

PO BOX 183003

COLUMBUS OH 43272-5569