

This form must comply with federal consumer credit laws including but not limited to the Fair Credit Reporting Act and State of New Hampshire statutes. Every attempt is made to keep this form up-to-date and in compliance. Please contact the Accounts Receivable Clerk to be sure the form shown is in compliance.

**CITY OF KEENE
KEENE, NEW HAMPSHIRE 03431
Customer Information Form**

Name and mailing address:

Name of Entity: _____

Type of Entity: _____ Years in Business: _____

[sole proprietor, partnership, corporation, nonprofit, LLC, other – if a corporation, please attach Articles of Incorporation; if a foreign corporation, please provide evidence of registration to do business in the State of New Hampshire]

Telephone # _____ Fax# _____ Email: _____

Tax ID/SS # _____

Nature of business _____

Expected dollar amount of business \$ _____ Monthly/Yearly

Principal's name and address and date of birth:

Name of person(s) authorized to act on behalf of or in the name of the applicant:

Other principals and/or officers of entity:

Names, addresses, and phone numbers of two references with whom this entity has done business in the last 6 months:

Name, address and phone number of insurance agent/company:

Name, address and phone number of bank: _____

Loan Officer:

Name, address and phone number of landlord: _____

Name, address and phone number of accountant: _____

Name, Address and phone number of registered agent (if any):

Payment is due within 30 days of invoice date. Checks are payable to City of Keene. Unpaid bills accrue interest on the outstanding balance at the rate of 1.5% per month. Minimum interest on any unpaid bill is \$2.00. For questions about billing you may call (603) 352-1013, and speak to the Accounts Receivable Clerk. Customary hours are Monday through Friday from 8:00 a.m. until 4:00 p.m.

In the event of a default by the Applicant in the payment of any amounts owed to the City of Keene, the City of Keene reserves the right to offset, and deduct the amount then owed, from any amount(s) that may be due to the Applicant from the City of Keene for services, labor or materials, provided by the Applicant to the City of Keene.

I /We certify the information provided on this application is true and correct. I/We agree to abide by the credit terms of the City of Keene.

I/We, by signing this form, authorize the City of Keene, to make all of the necessary credit investigations into the references for which I/We have listed herein either directly or through a recognized credit reporting agency. Credit investigations may be conducted and/or updated at any time during the relationship of the applicant and the City of Keene.

I/We personally guarantee repayment of any debt or obligation incurred by the above-listed entity. I/We understand that I/we will be responsible for any costs or expenses of collection, including attorney's fees.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this creditor is the Federal Trade Commission, Equal Credit Opportunity, located in Washington, DC.

Date : _____

Date: _____