

Savenor's Market

TEL: (617) 576-0214

Fax: (617) 576-0216

E-Mail: customerservice@savenorsmarket.com

Application for Savenor's Market Charge Account

Name: _____

Social Security Number: _____

(required)

Address: _____

Home Phone Number: _____

City/ State/ Zip Code: _____

Work Phone Number: _____

E-mail Address: _____

Authorized Users for this Account (A Limit of Two Cards Per Account will be Issued):

Print Name Here

Print Name

Signature

Signature

Credit Card Information:

With which Credit Card will you be Securing your Account?

Visa Mastercard American Express

Name as it appears on Credit Card

Card Number and Expiration Date:

_____ Exp. Date ____/____

Would you like your Balance charged to your Credit Card
at the end of each Month? Yes No

Before an Account may be opened in your name, Savenor's will run a routine check of your credit with a Credit Agency.

Savenor's mails Market Charge Account Bills at the beginning of each month and payment is due no later than the last day of that month. Bank-returned checks are subject to a \$20 processing fee. Amounts unpaid for over 30 days after the billing date may be subject to Interest charges. Savenor's may at any time suspend charging privileges if bills are not paid.

For your convenience, you also have the option of charging the entire amount due on your Savenor's Market Charge Account to your Credit Card listed above at the end of each billing period. Please check the "Yes" box for this option.

After 90 days, if your Market Charge Account Bill is unpaid and you have not contacted us or we cannot reach you, Savenor's will charge the entire amount of your Bill to the Credit Card listed above. Please contact the Office by phone at (617) 576-0214 or via E-mail at customerservice@savenorsmarket.com if your Credit Card information changes.

I have read and understand the terms of opening a Savenor's Market Charge Account and agree to abide by them. I understand all information concerning my Account with Savenor's Market will be held in strict confidence.

Account Holder's Signature: _____

Date: _____