



5005 W. Center • PO Box 227

Fairgrove, MI 48733

Phone (989) 693- 6572 Fax (989) 693- 6881

e-mail: VillageofFairgrove@gmail.com

WWW.VILLAGEOFFAIRGROVE.ORG

CONTACT INFORMATION

Name		Social Security#:
E-mail		Length of Time in Business: Years: Months:
Phone		
Address		
City, State ZIP Code		

PERSONAL REFERENCE

City, State ZIP Code		Contact Name
Phone:		Primary business address (When Required) City, State ZIP Code
E-Mail:		Phone
City, State, ZIP Code:		Contact Name:
Phone:		Primary business address City, State ZIP Code
E--Mail		

BANK INFORMATION

Bank Name		Contact Name:
Address		Fax:
City, State ZIP Code		E-mail:
Phone:		
Type of Account:		
Savings Account #:		
Checking Account #:		

CREDIT AGREEMENT

1. Payment must be paid on the date or terms specified.
2. You authorize inquiry into the banking for collection purposes for failure to pay.
3. Customer agrees to pay the Village of Fairgrove, the amount set forth on the invoice for the service provided by V of F.F.D.
4. This application is submitted for collection actions.

Phone:

Phone:

5. In the event that Village of Fairgrove should commence any action to enforce this agreement against Customer, Customer agrees to pay reasonable attorney fees, collection fees, court costs, and any other expenses incurred by the Village of Fairgrove.
6. Customer acknowledges that they understand and agree to the terms of this agreement.

AUTHORIZED SIGNATURES

Name:		Signature:
Date:		
E-Mail Signed Form	villageoffairgrove@gmail.com	

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Name:		Signature:
Date:		
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