

PLEASE NOTE: All sections must be completed for processing

ACCOUNT STATUS: NEW ACCOUNT EXISTING ACCOUNT ACCOUNT #

CREDIT LIMIT REQUESTED: _____ AMOUNT OF FIRST ORDER _____ IS ORDER PENDING YES _____ NO _____

APPLICATION FOR: OPEN ACCOUNT INCREASE CREDIT UPDATE INFORMATION

Principal Contact's Name: _____ Subsidiary of: _____

Legal Name of Company: _____ Federal ID #: _____

DBA: _____ State Tax Exempt #: _____

Street Address: _____ Do not use P.O. Box # Number of years owned by current owner: _____

City/State: _____ Zip: _____ Principal Contact's E-mail address: _____

Phone #: _____ Fax #: _____ Projected Annual Volume with Supply Side: \$ _____

Web Site URL: _____

ORGANIZATION IS: CORPORATION LLC PROPRIETORSHIP PARTNERSHIP

OWNERSHIP IS: PRIVATELY HELD PUBLICLY TRADED (TICKER SYMBOL _____) DUNS # _____

Has this company ever filed for bankruptcy? Yes No If yes, please attach explanation.

PRINCIPAL STOCKHOLDERS, OWNERS, PARTNERS OR MEMBERS (DEFINED AS 30% OR MORE OWNERSHIP INTEREST):

1. Name: _____ 2. Name: _____

Social Security #: _____ Social Security #: _____

Home Street Address: _____ Home Street Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Phone #: _____

CUSTOMER INFORMATION:

Primary Contact: _____ Phone/Extension: _____ Fax: _____ Email: _____

Accounts Payable Contact: _____ Phone/Extension: _____ Fax: _____ Email: _____

Management Company: Yes No If yes, who is responsible for payment? Name: _____ Phone Ext.: _____

* If multiple locations - number of locations: _____

If more than 1 location attach a complete list including Name, Addresses, Phone & Fax Numbers and Manager Name. Include: Bill To and Ship To addresses if different.

BANK REFERENCES:

1. Name: _____ 2. Name: _____

Street Address: _____ Street Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Fax #: _____ Phone #: _____ Fax #: _____

Checking #: _____ Savings #: _____ Checking #: _____ Savings #: _____

Loan #: _____ Loan #: _____

Applications may be sent via Fax directly to 1-800-955-2697

5755 Granger Road, Suite 900, Independence, OH 44131
 Phone: 800-284-7357 Email: sales@SupplySideUSA.com
 Web: www.SupplySideUSA.com



**TRADE AND CREDIT REFERENCES: (COMPLETE Vendor information MUST be provided including telephone number, address, and account #)
UPS, DHL, FedEx, Quill, OfficeMax, Office Depot, Staples are not accepted as references. Exclude credit card suppliers.**

1. Vendor Name: _____ Account #: _____
Street Address: _____
City/State: _____ Zip: _____
Phone #: _____ Fax #: _____

3. Vendor Name: _____ Account #: _____
Street Address: _____
City/State: _____ Zip: _____
Phone #: _____ Fax #: _____

2. Vendor Name: _____ Account #: _____
Street Address: _____
City/State: _____ Zip: _____
Phone #: _____ Fax #: _____

4. Vendor Name: _____ Account #: _____
Street Address: _____
City/State: _____ Zip: _____
Phone #: _____ Fax #: _____

CREDIT CARD INFORMATION:

All customers who request an open account must fill out this form. If Supply Side ships out merchandise and does not receive payment according to the terms, we will charge your credit card account. This would be done only when all other methods of collection are exhausted.

Company Name: _____
Cardholder Name: _____
Billing Address: _____
Zip: _____

Card Type: _____ Exp. Date: _____
Phone #: _____
Cardholder Signature: _____

INDIVIDUAL PERSONAL GUARANTEE:

I, _____, residing at (Home Address) _____

for good and valuable consideration including Supply Side extending credit at my request which I hereby acknowledge as having been received by:

(Your Company Name) _____

(hereinafter referred to as the "Company"), hereby personally guarantee the payment to Supply Side, of any obligation and indebtedness of the Company and I hereby agree to bring myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnify for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice hereof and to jury trial and consent to all renewals and modifications of the credit agreement hereby guaranteed. The guarantor grants permission to Supply Side to obtain information from any and all sources to properly ascertain the guarantor's ability to meet its financial obligations.

GUARANTOR: _____ WITNESS: _____ DATE: _____

This application has been executed by an authorized agent of the Customer and hereby grants permission to Supply Side to obtain information from any and all sources required to properly ascertain the Customer's capability to meet its financial obligations. This credit application and agreement is submitted by Customer to Supply Side to obtain trade credit and shall remain our property once received. Customer agrees to make payment in full to Supply Side for all amounts due according to Supply Side invoice on or before net due date. Customer also agrees to pay interest on all amounts that are past due. Interest can be charged monthly at 1.5%. If Customer should default in any payment(s), Supply Side has reserved the right to declare all invoice amounts due and payable without notice to Customer. Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount. Customer also agrees to provide Supply Side with updated credit information upon request and to provide annual financial statements to Supply Side as a condition for the continued extension of credit. The undersigned certifies that all of the information contained herein is true and correct to the best of their information, knowledge and belief. For all purchases and transactions, Customer agrees to adhere to credit/service policies and terms and conditions established by Supply Side which may be revised from time to time.

COMPANY NAME: _____

PRINTED NAME: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Companies requesting a credit line of \$25,000 or more must submit copies of their financial statements for the last two years. This information will be for the exclusive use of the credit department of Supply Side and will remain confidential.



5755 Granger Road, Suite 900, Independence, OH 44131
Phone: 800-284-7357 or 800-305-6110
Fax: 800-955-2697

RESALE CERTIFICATE DOCUMENT

State of _____

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: that I hold valid seller's permit No. _____

(For states that do not charge sales tax, use EIN or Social Security Number – FILL IN ABOVE).

issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

_____;

that the tangible personal property described herein which I shall purchase from:

Supply Side USA, Inc., 5575 Granger Road, Suite 900, Independence, OH 44131

will be resold by me in the form of personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased:

Date: _____

Signature of Purchaser or Authorized Agent: _____

Please print name: _____

Title: _____