

CREDIT APPLICATION

Sales Rep: _____

Type of account requested:	Open ____	COD ____	Cash ____	Credit card ____
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Requested credit limit:

COMPANY INFORMATION

Name:

Company name (and DBA if applicable):

Company address:

City:	State:	ZIP code:
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Phone:	Fax:	Email:
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Type of business:	Years in business:	Locations:
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Average monthly sales:

Individual responsible for accounts payable:

Individual(s) authorized to place orders:

Does your company require a purchase order?:	Yes ____	No ____
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BUSINESS/ TRADE REFERENCES

PROVIDE COMPLETE INFORMATION TO EXPEDITE PROCESSING

1. Company name:

Address:

City:	State:	ZIP code:
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Phone:	Fax:
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Type of account:	Account # :
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2. Company name:

Address:

City:	State:	ZIP code:
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Phone:	Fax:
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Type of account:	Account # :
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3. Company name:

Address:

City:	State:	ZIP code:
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Phone:	Fax:
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Type of account:	Account # :
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4. Company name:

Address:

City:	State:	ZIP code:
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Phone:	Fax:
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Type of account:	Account # :
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BANK ACCOUNT INFORMATION**1. Bank Name:**

City:	State:	ZIP code:
Phone:	Fax:	

2. Bank Name:

City:	State:	ZIP code:
Phone:	Fax:	

AFFILIATED BUSINESS OFFICERS**1. Name:**

Title:

Address:

City:	State:	ZIP code:
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Date of birth:	Driver's license # :
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2. Name:

Title:

Address:

City:	State:	ZIP code:
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Date of birth:	Driver's license # :
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AGREEMENT

Guarantor(s) of the account with R&D Distributing, LLC agree both individually and on behalf of said business to the terms and conditions as disclosed below:

1. Account will remain in good financial standing and paid within agreed terms set forth by R&D Distributing, unless otherwise specified.
2. Accounts that become delinquent may be subject to finance charges payable on statements.
3. Accounts that are considered uncollectable by reasonable means will be submitted for collections. Any costs incurred will be the sole responsibility of the guarantor.
4. Any account that submits a non-sufficient funds check will be subject to a \$25 fee per instance. All fees must be paid in full upon receipt. If for any reason a check is uncollectable, the account will be placed on hold until payment is satisfied.
5. Personal guarantor(s) may only be removed from an account with written notice. Removal from an account does not relieve the financial obligation of any unpaid balances previous to the date of removal. Only when previous balances are satisfied will the guarantor be completely removed.

SIGNATURE(S)

With my signature, I certify that the information provided is true and accurate. I also grant R&D Distributing permission to obtain any information required to establish and maintain the business account or verify the information provided.

Print: Date:	Print: Date:
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SALES TAX CERTIFICATE

I certify that all purchases made from R&D Distributing, LLC are for the sole purpose of resale within the state that my business resides. The Certificate of Resale that I am providing for purchases from R&D Distributing is valid and active with the state.

Authorized Purchaser(s):

Title:

Company name (and DBA if applicable):

Company address:

City:

State:

ZIP code:

Phone:

Fax:

Resale tax number (8 digits):

SIGNATURE(S)

Print:

Date:

Print:

Date:

Place Sales Tax Certificate here and copy or attach separately

CREDIT CARD AUTHORIZATION AGREEMENT

This agreement must be signed and returned to R&D Distributing before we can process any credit card transactions.

I, _____, of _____ authorize R&D Distributing to charge the credit card listed below for orders placed either verbally or in writing. I also authorize R&D Distributing to charge my credit card for past due balances over 60 days or any balances remaining for returned checks and their associated fees.

Name as listed on card:

Card type:	Visa ____	Mastercard ____	American Express ____
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Card number:	CVC # (3 or 4 digit code):	Expiration date:
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Billing address:

City:	State:	ZIP code:
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SIGNATURE OF CARDHOLDER

Print:

Date:

Place Credit Card here and copy
or attach separately

Place Driver's License here and copy
or attach separately