

Please fax completed Credit Application to 419-725-4825

Organization Information

Legal Name _____ Phone _____
DBA _____ Fax _____
Billing Address
Street _____ City _____ State _____ Zip _____
Shipping Address (If different from billing address)
Street _____ City _____ State _____ Zip _____
Business is: Proprietorship Partnership Corporation LLC
We are a: Division Subsidiary of: _____
Dun & Bradstreet Duns Number: _____
Names of owner(s), partners or officers:
Name _____ Title _____
Name _____ Title _____
Accounts Payable Contact _____ Phone _____ Fax _____

Operational Information

Line of Business _____
Year business started under current ownership _____
Estimate your Monthly Annual purchases of NuSource products to be \$ _____
Will you accept terms of Credit Card Cash in advance
Do you require a month end statement: Yes or No

Trade References

Please provide the four largest suppliers. References must contain fax numbers.

Name _____	Name _____
City & State _____	City & State _____
Contact Name _____	Contact Name _____
Phone _____ Fax _____	Phone _____ Fax _____
Name _____	Name _____
City & State _____	City & State _____
Contact Name _____	Contact Name _____
Phone _____ Fax _____	Phone _____ Fax _____

Bank Authorization Form

Name _____ Contact Name _____
Street Address _____ City & State _____
Phone _____ Fax _____
Account Number _____

Your bank may require your signature, as authorization, to release the credit information regarding your business relationship with their institution. Please sign below and return to NuSource Enterprises. In doing so, you will be assisting us in obtaining the information needed to establish and open an account with us.

Company Name _____

Signed _____ Date _____

Terms & Conditions of Sale Agreement

Acceptance of Terms & Conditions Orders are accepted on the basis of term and conditions in effect at the time the order is placed or received and approved for processing by the Credit Department.

Terms of Payment Terms of Sales are Net 30 Days from date of invoice. Past due invoices may delay the process of new orders. If the Buyer fails to fulfill these terms or if "NuSource Enterprises" at any time has any doubt as to Buyer's financial responsibility "NuSource Enterprises" may demand immediate full payment and decline to make further shipments except against cash in advance.

Returns We will not accept any returned goods without written approval from NuSource Enterprises and a return authorization number. All merchandise must be returned freight prepaid. Returns will be accepted on NuSource Enterprises labeled products only and all returned goods must be less than one year old.

I certify that (1) I have answered all the questions on this application on behalf of the applicant fully and in good faith, (2) the information provided is true and correct; and (3) I fully understand your credit terms and agree to the proper payment in consideration of extended credit, if credit is extended. Should NuSource Enterprises grant credit availability, all decisions with respect to the extensions or continuations of credit shall be at the sole discretion of Nusource Enterprises. NuSource Enterprises may terminate or revise any credit availability within its sole discretion without notification.

Further, I hereby authorize NuSource Enterprises to check applicant's credit references and to obtain consumer report or reports to be used in connection with the Credit Application and to obtain the exchange credit information from and with other credit grantors and consumer reporting agencies on an ongoing basis. By signing this agreement I represent and warrant that I have the power to bind the applicant for with I sign.

Signature: _____ Title: _____ Date: _____

ECOA Notice: the Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, martial status, age.

Tax Exemption Form

Please complete the Blanket Certificate of Exemption Form or fax your tax exemption form. If we set up your account and we do not have a tax exemption form you **will be charged** sales tax.

Revised 07/2000, Page 1 of 4

UNIFORM SALES & USE TAX CERTIFICATE-MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that: _____ is engaged as a registered

Name of Firm (Buyer): _____ Wholesaler _____

Address _____ Retailer _____

_____ Manufacturer _____

_____ Seller (California) _____

_____ Lessor (see notes _____

_____ on pages 2-4) _____

_____ Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹³	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁸	_____	NM ^{4,15}	_____
CT ¹	_____	NC ²⁵	_____
DC ³	_____	ND	_____
FL	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID	_____	RI ¹⁷	_____
IL ^{1,8}	_____	SC	_____
IA	_____	SD ¹⁸	_____
KS	_____	TN	_____
KY ²¹	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁸	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner, or Corporate Officers)

Title: _____

Date: _____