



P.O. Box 176 • 7103 Marine Road
 Edwardsville, IL 62025
 Phone: (618) 656-2197
 Fax: (618) 656-8602
 Website: www.modwholesale.com

APPLICATION FOR CREDIT

Company Information

Business Name					
Physical Address					
City		State		Zip	
Mailing Address (if different)					
City		State		Zip	
Phone No.	() -	Fax No.	() -		
A/P Contact		Phone No.	() -		
Fax No.	() -	E-Mail Address			
Would you prefer to receive invoices and statements via e-mail?	Yes / No		Sales Tax Exempt? (if yes, please complete the attached certificate)		Yes / No
Type of Organization (circle one)	Corporation	S-Corporation	Partnership	Sole Proprietorship	
Date Business Started		Credit Line Requested	\$		

Principals or Owners

Name	Business Title	Home Address	Home Phone	SS#
			() -	
			() -	
			() -	

Trade References

Name					
Address					
City		State		Zip	
Phone No.	() -	Fax No.	() -	E-Mail	

Name					
Address					
City		State		Zip	
Phone No.	() -	Fax No.	() -	E-Mail	

Name					
Address					
City		State		Zip	
Phone No.	() -	Fax No.	() -	E-Mail	

Bank Reference

Name							
Address							
City				State		Zip	
Phone No.	() -	Fax No.	() -	Account No.			

We certify that the above information is true and correct and we agree to pay this account in accordance with your credit terms. We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. We understand that all past due balances will be subject to a 1% per month service charge. We further agree to pay the collection cost and other fees associated with the collection, in the event of default, if the account is placed with an attorney or bonded collection agency.

Name of Applicant	Signature	Title	Date

Personal Guarantee

(must be completed for businesses less than 2 years old or for credit lines exceeding \$10,000)

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay the collection costs and other fees associated with the collection.

Name of Applicant	Signature	Title	Date

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.

Credit Policy

This is to help clarify our credit policy and cash discount terms.

- To our approved accounts, we sell on open account.
- All accounts are due and payable on the 10th of each month following the date of invoice. Our billing cycle ends on the 26th day of the month. Invoices dated the 27th thru the end of the month are considered to be the next month's business. As an example: an invoice dated January 27 will be considered February business and will be due on March 10th.
- Our terms are 1% 10th Prox, Net 11th. This means that your bill can be discounted by 1% if paid by the 10th of the month following the purchase. Your payment must be received at our office by the 10th in order to qualify for the discount. The cash discount applies to material purchases only and does not apply to sales tax or freight charges.
- All open invoices that are not discounted will then be due net on the 11th of that month.
- If your account is not paid by the end of the month following the sale, it becomes "past due 30 days" and a 1% service charge will be added to your account.
- When your account becomes "past due 60 days" no further purchases on credit will be allowed until the balance is paid in full.
- If an account goes "past due 90 days" it will be placed for collection.

Your continued goodwill and support is important to us. If there are any questions, please feel free to contact us. Thank you for your time to review our credit policy.

Special-Order Items

We reserve the right to invoice for special-order items when they are received at our warehouse. Special-order items that are returned will be subject to our supplier's return policy and will reflect any restocking charges imposed by the supplier as well as any freight charges incurred to return the item(s) to the supplier.

EPA / Refrigerant Compliance

If your company is planning on purchasing refrigerant and/or equipment containing refrigerant, please provide a listing of those employees authorized to buy these items as well as a **LEGIBLE** copy of their EPA Certification cards. It is your responsibility to inform us of any changes in personnel authorized to purchase refrigerant and/or equipment containing refrigerant.

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: Modern Wholesale Supply Co.

Address: PO Box 176, 7103 Marine Road, Edwardsville IL 62025

I certify that:

Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered

- Wholesaler
- 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 ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

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 Officer)

Title: _____

Date: _____



P.O. Box 176 • 7103 Marine Road
 Edwardsville, IL 62025
 Phone: (618) 656-2197
 Fax: (618) 656-8602
 Website: www.modwholesale.com

BANKING INFORMATION AND BAND REFERENCE AUTHORIZATION

Dear Customer:

We find that banks, as a rule, will **NOT** release information supporting a credit line request on an account without an authorized signature from YOU, their customer.

So that we can process your credit application with us promptly, please sign below, authorizing Modern Wholesale Supply Co. to obtain the requested financial information from your bank. Please return this authorization with your signed credit application.

Thank you for your cooperation.

I hereby authorize my Bank(s), named below, to release the banking credit information requested below on this form to:

Modern Wholesale Supply Co., PO Box 176, Edwardsville, IL 62025

Your Company Name	
Authorized Name & Title (please print)	
Authorized Signature	
Date	

Name of Bank (please print)			
Bank Address (#/St./City/State/Zip)			
Bank Phone #	()	-	Bank Fax #
Name On Account			
Account #			

BANK SUPPLIES INFORMATION BELOW:

Date Account Opened			
Average Bank Account Balance			
Any NSF Checks?		No. of NSF Checks	
Loan Experience			
Secured			
Unsecured			
Comments			
Bank Employee Name / Title			
Signature			
Date			

Thank you for the above information in support of your customer's credit application