

Application for Open Credit Account

MAIL OR FAX APPLICATION TO STORE ADDRESS ON CATALOG BACK COVER	FOR COPELAND SUPPLY USE ONLY CREDIT APPROVED <input type="checkbox"/> _____ D & B _____ CREDIT REFUSED <input type="checkbox"/> _____ <small style="display: block; text-align: center;">ACCOUNT# _____ CREDIT LIMIT _____</small>	WANT TO OPEN AN ONLINE ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No <small style="text-align: center;">Nearest CSC Store _____</small>
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Business Name _____

Street Address _____ Web Address: _____

PO Box # _____ PO Box Zip _____ Email Address: _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____

Type of Business _____ Contractor License # _____ No. of Employees _____ Date Established _____

OWNERSHIP — Check One Below

BUSINESS CLASSIFICATION Incorporation Partnership LLC LLP Proprietorship Government

Date Business Established ____/____/____ If Incorporated, Date of Inc. ____/____/____ State of Incorporation _____ Fed ID# _____

PRINCIPAL OWNERS, OFFICERS AND PARTNERS (attach separate sheet if necessary)

Owner #1: Name _____	Title _____	Phone # _____	
Home Address (No PO Box) _____	City _____	State _____	Zip _____ Social Security # / Driver's License # _____
Owner #2: Name _____	Title _____	Phone # _____	
Home Address (No PO Box) _____	City _____	State _____	Zip _____ Social Security # / Driver's License # _____

BILLS ARE PAID BY (fill in below)

Company _____ Phone () _____ Fax () _____

Street Address _____ City _____ State _____ Zip _____

BANK REFERENCES

<input type="checkbox"/> SAVINGS	Name _____	Account # _____	
<input type="checkbox"/> CHECKING	Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> LOAN	Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> SAVINGS	Name _____	Account # _____	
<input type="checkbox"/> CHECKING	Address _____	City _____	State _____ Zip _____
<input type="checkbox"/> LOAN	Address _____	City _____	State _____ Zip _____

COMMERCIAL TRADE REFERENCES

Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three (3).

Name	Address	City	State & Zip Code	Phone	Fax	Account #
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

Amount of Credit Desired Monthly \$ _____ Sales Tax Exemption # _____

PURCHASE ORDER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Buyers _____	STATEMENT REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Billing Instructions _____

We herein make application to CSC Supply for credit and/or to update and reconfirm our existing account and balance with CSC Supply. CSC Supply is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods purchased by the 10th of the month following date of invoice. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of CSC Supply's choice. Applicant specifically understands that they are waiving their right in choice of venue. Applicant agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to CSC Supply and/or its agents to verify and/or supplement the information listed hereon. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile and e-mail by, or on behalf of, CSC Supply.

Principal Owner/
Dated _____ Officer/Partner _____ Title _____

SIGNATURE

MULTI-JURISDICTION SALES TAX EXEMPTION CERTIFICATE

ISSUED TO (SELLER) CSC supply, LLC	ADDRESS	CITY	STATE	ZIP CODE
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I certify that

NAME OF FIRM (BUYER)		
STREET ADDRESS OR PO BOX #		
CITY	STATE	ZIP CODE

is engaged as a registered Wholesaler
 Retailer
 Manufacturer
 Lessor
 Other _____

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 to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

PRODUCT OR SERVICES RENDERED

STATE	STATE ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #
CITY OR STATE	STATE REGISTRATION OR ID #	CITY OR STATE	STATE REGISTRATION OR ID #

I further certify that if any property 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 direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be 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.

GENERAL DESCRIPTION OF PRODUCTS TO BE PURCHASED FROM THE SELLER:
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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
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