



CREDIT APPLICATION

ALL ORIGINALS MUST BE RETURNED BY MAIL

SALES REP NAME _____
TYPE OF ACCOUNT REQUESTED: OPEN: _____ COD: _____ CASH: _____ CREDIT CARD: _____
COMPANY NAME: _____ DBA: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EAIL: _____
TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____ LOCATIONS: _____
DOES YOUR COMPANY REQUIRE A PURCHASE ORDER? YES _____ NO _____
INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE: _____
PHONE: _____ EXT: _____ FAX: _____
INDIVIDUAL (S) AUTHORIZED TO PLACE ORDERS: _____

BUSINESS TRADE REFERENCES: (PLEASE PROVIDE COMPLETE INFORMATION TO EXPEDITE PROCESSING)

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ PHONE: _____ FAX: _____
ACCOUNT #: _____ ACCOUNT #: _____
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ PHONE: _____ FAX: _____
ACCOUNT #: _____ ACCOUNT #: _____

BANK ACCOUNT INFORMATION:

BANK NAME: _____ BRANCH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
CONTACT: _____ AUTHORIZED SIGNERS: _____
BANK NAME: _____ BRANCH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ ACCOUNT #: _____
CONTACT: _____ AUTHORIZED SIGNERS: _____

BUSINESS INFORMATION: (PLEASE LIST ALL AFFILIATED BUSINESS OFFICERS)

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____
ZIP: _____
PHONE: _____ TITLE: _____ PHONE: _____ TITLE: _____
SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____
DATE OF BIRTH: _____ DATE OF BIRTH: _____
DRIVERS LICENSE #: _____ DRIVERS LICENSE #: _____

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____
ZIP: _____
PHONE: _____ TITLE: _____ PHONE: _____ TITLE: _____
SOCIAL SECURITY #: _____ SOCIAL SECURITY #: _____
DATE OF BIRTH: _____ DATE OF BIRTH: _____
DRIVERS LICENSE #: _____ DRIVERS LICENSE #: _____

CREDIT AGREEMENT

GUARANTOR(S) OF THE ACCOUNT WITH R&D DISTRIBUTING AGREE BOTH INDIVIDUALLY AND ON BEHALF OF SAID BUSINESS TO THE TERMS AND CONDITIONS AS DISCLOSED BELOW.

- ACCOUNT WILL REMAIN IN GOOD FINANCIAL STANDING AND PAID WITHIN AGREED TERMS SET FORTH BY R&D, UNLESS OTHERWISE SPECIFIED.
- ACCOUNTS THAT BECOME DELINQUENT MAY BE SUBJECT TO FINANCE CHARGES PAYABLE ON STATEMENTS.
- ACCOUNTS THAT ARE CONSIDERED UNCOLLECTABLE BY REASONABLE MEANS WILL BE SUBMITTED FOR COLLECTIONS. ANY COSTS INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE GUARANTOR.
- 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.
- 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.

WITH MY SIGNATURE I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I ALSO GRANT PAD PERMISSION TO OBTAIN ANY INFORMATION REQUIRED TO ESTABLISH AND MAINTAIN THE BUSINESS ACCOUNT OR VERIFY THE INFORMATION PROVIDED.

SIGNED _____ PRINT _____ DATE: _____
Principal/Owner/Officer only



R&D Distributing

400 76th St. SW

Byron Center, MI 49315

PHONE: (616) 878-3500 FAX: (616) 878-4500

www.teamprogressive.com

Michigan Business Resale Tax Certificate

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

Authorized Purchaser: _____ Title: _____

Business Name: _____

DBA (if applicable): _____

Business Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

Fax Number: _____ Resale Tax Number (8 digits): _ _ _ _ - _ _ _ _

Authorized Signature: _____

Printed Name: _____ Date: ___/___/_____

Place Michigan Certificate of Resale Tax Here and Copy

OFFICE USE ONLY:

ASSIGNED ACCOUNT NUMBER: _____
DATE ASSIGNED: _____
AUTHORIZED BY: _____



Please fill out & fax back to:
R&D Distributing.
(616) 878-4500 FAX
(616) 878-3500

Credit Card Authorization Agreement

I, _____, of _____ authorize R&D Distributing to charge my 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. This agreement must be signed & returned to R&D Distributing before we can process any credit card transactions.

Card type (circle one): Visa Master Card AMEX

Card #: _____

Expiration Date: _____ CVC #: _____ (3or4 digit security code)

CC Billing Address: _____

Name as Listed on Card

Signature of Cardholder

Date

Copy of Credit Card Here

Copy of Driver License Here