HILLSIDE MAINTENANCE SUPPLY CO. – FAX 513-559-4161 – ACCOUNT/CREDIT APPLICATION

BUSINESS INFORMATION

1. BUSINESS NAME _____
2. BILL-TO NAME _____
3. ACCOUNT NUMBER _____
4. BILLING ADDRESS _____CITY/STATE/ZIP_____
5. BUSINESS PHONE _____
6. BUSINESS FAX _____
7. WEBSITE ADDRESS _____

BUSINESS CONTACT INFORMATION

8. OFFICE CONTACT
   - NAME _____ TITLE _____
   - PHONE _____ CELL _____E-MAIL _____
9. SALES CONTACT
   - NAME _____ TITLE _____
   - PHONE _____ CELL _____E-MAIL _____
10. A/R CONTACT
    - NAME _____ TITLE _____
    - PHONE _____ CELL _____E-MAIL _____

SHIPPING INFORMATION

1. SHIP-TO NAME _____
2. PHONE _____
3. CONTACT NAME _____
4. SHIPPING ADDRESS _____CITY/STATE/ZIP_____
   (FOR ADDITIONAL SHIPPING LOCATIONS, PLEASE ENCLOSE A SEPARATE SHEET)
5. SPECIAL SHIPPING INSTRUCTIONS_____

ORDER ENTRY INFORMATION

1. PURCHASE ORDER REQUIRED? □ YES □ NO
2. BLANKET PURCHASE ORDER # _____
3. CHARGE SALES TAX? □ YES □ NO IF YES, SALES TAX AREA: _____
4. RESALE TAX NUMBER _____
5. SEND SHIP NOTICE WHEN ORDERS 'MARKED AS SHIPPED'? □ YES □ NO IF YES, VIA □ EMAIL □ FAX TO CONTACT _____

BILLING OPTIONS

6. Billing Instructions _____
7. Customer Payment Terms _____
8. MSDS Send Option □ Print □ Email □ Fax
   (Note: If the MSDS is Faxed or Emailed, it will be sent to this Customer's Sales Contact)
9. Send Invoice with Delivery? □ Yes □ No
10. Email Invoice Copy? □ Yes □ No If Yes, Email To: _____
11. Customer Billing Options *(Select One)*
    □ Print Plain-Paper Invoice
    □ Fax Original Invoice Fax Invoice To _____
    □ Email Original Invoice Email Invoice To _____

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CREDIT INFORMATION

12. Corporate? □ Yes □ No
13. Tax ID No. _____
14. In Business Since _____
15. Parent Name If Subsidiary _____
16. Partnership □ Sole Proprietorship □
17. Name of Principal or Partner _____SS # _____

    Phone_____ Home Address _____

    Own □ Rent □ City/State/zip_____
18. Name of Principal or Partner _____ SS # _____

    Phone_____ Home Address _____

    Own □ Rent □ City/State/zip_____

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BANK REFERENCES

19. Name of Branch _____
20. Phone _____ Contact _____
21. Address _____ City/State/Zip _____
22. Checking Acct. No. _____
23. Savings Acct. No. _____

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TRADE REFERENCES

Name/Address/Phone/Doing Business Since/Annual Purchases

1. _____Phone _____
2. _____Phone _____
3. _____Phone _____

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Terms for Sale - Credit sales are payable within 30 days from date of invoice or a 1.5% monthly service charge will be applied.

Credit Agreement – Credit applicant understands and agrees to the terms of sale and to pay service charges for late payments. They also agree to Hillside to investigate the credit history of the company or in the case of a partnership or sole proprietorship the personal credit history of the principals involved.

Authorized Signature _____ Title _____ Date _____

FOR INTERNAL OFFICE USE ONLY

APPROVED _____ DATE _____