



New Customer Application

Application Date

Busilless Illioillia	ation		
1			
Registered Company Name			
İ			
Trading Name		Division or Subsidiary Of	
1			
Street Address		City	
	7.01		
State	Zip Code Main Phone	Main Fax	
Accounts Payable Contact		Accounts Payable Email Address	3
1		1	
Accounts Payable Phone Num	ber	Accounts Payable Fax Number	
Purchasing Agent Contact		Purchasing Agent Email Address	
Purchasing Agent Phone Num	hor	Purchasing Agent Fax Number	
Business Profile	nooi	r drondomy Agent r dx Humber	
Dusiliess Fiolile			
• •	poration □Sole Proprietorship	-	
□Part	nership □Limited Liability Co	mpany	
Date (Month & Year) Business	: Was Established Social Security Nun	nber/Employer Identification Number	
Do you plan on rese (If yes, your Sales & Use Ta	elling our product?	□ No	
Please Check Pre	eferred Method of Payment		
☐ Credit Card	· · · · · · · · · · · · · · · · · · ·		
	Number:	EXP:	CVV:
Disclaimer:			
	ovide and authorize the use of my credit card deta to keep record of these details for future use.	ils (noted above) to Online Stores	, LLC for the purpose of processing
Signatu	ıre:	Print Name:	
	Full and all Order Francisco	☐At Least Weekly	☐Bi-Weekly ☐Monthly
□ Net 30	Estimated Order Frequency:	☐Bi-Monthly	☐Semi-Annually ☐Annually
(Fill Out Page 2)	Estimated Annual Purchases: \$		

New Customer Application

To be considered for an account on Terms:

(Allow 4-6 weeks for processing)

- 1 All requested information must be filled out. Forms need correct FAX and EMAILS or will be rejected.
- 2 Your company must have been in business for a minimum of 2 years (24 months).
- 3 The Bank History Request Form must be completed and returned.
- 4 Your Credit References and Bank Reference must provide satisfactory replies to our inquiries.
- 5 Your initial Purchase Order must be attached with your credit application
- 6 A Dun & Bradstreet ID Number MUST be provided here >>>>>.

DUNS #:

7 Your requested credit limit is: \$

Contact Name / email address

Trade References (At Least 3 Required. Excluding Utility Companies and Personal References)

Complete Address (including Zip/Postal Codes) along with Account Numbers, Telephone/Fax Number are Required.

Company Name

Account Number

Street Address

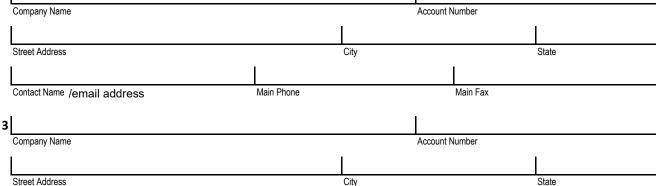
City

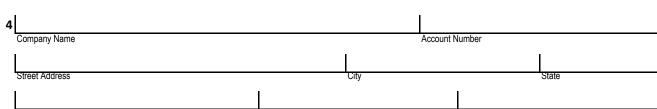
State

Contact Name / email address

Main Phone

Main Fax





Main Fax

Main Phone

Contact Name / email address Main Phone

Customer Name:

Customer ID Number:

New Customer Application

Terms and Conditions

1 Freight Damage/Shortage:

Damaged goods and errors in billing must be reported within 10 days from receipt of shipment to secure adjustment. Please make sure that all cartons called for on the freight bill were actually delivered

Shipping Errors:

Errors occasionally occur in the entering, processing, and filling of orders. Any merchandise shipped in error may be returned freight collect for full credit, providing the following procedures are followed:

- 1. The Sales Department must be notified of the error. A Merchandise Returns Label will be issued via email for the return covering said merchandise.
- 2. The correct product can be shipped prepaid, providing the merchandise is received by Online Stores, Inc in the same condition as originally shipped.

Defective Goods:

We strive to furnish quality product on all items we sell. If you ever should receive a defective/expired item, you may contact our Sales Department for authorization to return it for replacement or for a credit.

Other Returns and Claims:

All other returns and claims must be authorized and will be evaluated on a case by case basis. In the event a return or claim is authorized, credit will be issued according to the following procedures:

- 1. All returns will be subject to a 10% restocking charge.
- 2. No credit will be issued for discontinued items.
- 3. No credit will be issued for merchandise returned in unsellable condition.
- 4. All returns of this nature are returned freight prepaid.
- 5. No return will be authorized on merchandise in the customer's possession longer than 45 days.
- 6. Online Stores, LLC receiving document will be deemed the correct and final documentation for issuance of credit.
- 7. Freight charged on invoices where product is returned is still the customer's responsibility to pay.
- 8. For any exchange, the exchanged item will not ship until the product being returned is received; unless a new order is placed and charged. A credit will be issued once the return is processed.

All Applications Must Sign Below

Guarantee

The Undersigned, on behalf of the company, represents and warrants that the company has all of the necessary and required consents (including from any individuals for which personal information is set forth herein) and that the information presented in the New Customer Application is true and correct. The Undersigned agrees to pay Online Stores, LLC all indebtedness now and hereafter owed by The Undersigned. The Undersigned hereby guarantees to Online Stores, LLC or its assigns, the payment of such sums of money that may at any time hereafter become due to Online Stores, LLC from the Undersigned or any other purchaser. The Undersigned understands that this account will be charged 1.5% on the unpaid balance after 30 days past due. If it becomes necessary to enforce this guarantee by lawsuit, The Undersigned agrees to pay any and all collection agency fees and attorney fees as allowed by law. By my signature below, the Undersigned on behalf of the company applying for credit, guarantees the full amount of the account.

Print Name	Sign Name	Date
	FOR ONLINE STORES, LLC OFFICE USE ON	ILY
Approval Date:	Letter Sent:	
Approved By:	Approved By:	



1000 Westinghouse Drive, Suite 1 (P): 877-734-2458 (F): 866-910-4016

Price List Sent

Sent By:

BANK HISTORY REQUEST

Authorization To Release Credit Information for 0

I hereby authorize you to release and disclose information requested by Online Stores, Inc and it's agents for valid business purposes and information requests relating to my/our **Customer ID Number:** banking relationship with the financial institution and account number listed below. Print Name Title Date **BANK INFORMATION** Bank Name Branch Street Address State Bank Contact's Phone Bank Contact's Fax **Bank Contact** Checking Account Number Savings Account Number

**Once the above portion is completed by applicant and returned via fax to Online Stores, LLC, we will fax this form to the Financial Institution to be completed by your bank only.

FINANCIAL INSTITUTION REFERENCE

To Financial Institution: 0 is applying for terms with our company. Please kindly release the following information. Thank you

	jollowing injornation. Thank you.						
	CHECKING ACCOUNT:	Opened:					
В	A						
Α	Number of NSF Checks in Past 12 Months:						
N	LOANS: 1 Opened: H	igh Credit:	Balance:				
K	Secured By:						
	Payment History:						
0	2 Opened: H	igh Credit:	Balance:				
U	Secured By:						
N	Payment History:						
L	COMMENTS:						
Υ							
Υ							

ATTENTION FINANCIAL INSTITUTION: Please fax back to 866-910-4016