



Dutch Hollow Service & Supplies Inc.

6218 Old Saint Louis Road
Belleville, IL 62223

IL: 618.236.1553 / MO: 314.621.1194 / FAX: 618.236.2730

www.dutchhollowsupplies.com

NEW CUSTOMER PROFILE

Date: ____ / ____ / 20____ Account Manager: _____ NAICS Code: _____

Corporate Name: _____ D/b/a: _____

<u>BILLING</u>	<u>SHIP TO ADDRESS – 001</u>	<u>SHIP TO ADDRESS – 002</u>
Address 1: _____	Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____	Address 2: _____
Address 3: _____	Address 3: _____	Address 3: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Attention: _____	Attention: _____	Attention: _____

<u>ACCOUNT PAYABLE CONTACT</u>	<u>PURCHASING CONTACT</u>	<u>CONTACT</u>
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
Mobile Phone: _____	Mobile Phone: _____	Mobile Phone: _____
Fax: _____	Fax: _____	Fax: _____
E-mail: _____	E-mail: _____	E-mail: _____
Web Username: _____	Web Username: _____	Web Username: _____
Web Password: _____	Web Password: _____	Web Password: _____
<input type="checkbox"/> Check to Opt Out on E-mail Marketing/Promotions	<input type="checkbox"/> Check to Opt Out on E-mail Marketing/Promotions	<input type="checkbox"/> Check to Opt Out on E-mail Marketing/Promotions

Are Backorders Allowed? YES / NO Are Purchase Orders Required? YES / NO Are Statements Required? YES / NO

TERMS
004 – NET 30 (*Credit Account Application Required Page 2*) / 005 – DUE ON RECEIPT / 006 – CREDIT CARD (*Credit Card Authorization Required Page 3*)

TAX CODE
Taxable / Tax Exempt (*Tax Exemption Certificate Required*) / Re-Sale (*Certificate of Resale Required*)

RECEIVING HOURS

Monday: ____:____ AM to ____:____ PM

Tuesday: ____:____ AM to ____:____ PM

Wednesday: ____:____ AM to ____:____ PM

Thursday: ____:____ AM to ____:____ PM

Friday: ____:____ AM to ____:____ PM

RECEIVING INFORMATION

Is there a dock? YES / NO

Inside delivery Required? YES / NO

Special Delivery Requirements: _____

ADDITIONAL NOTES



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CREDIT ACCOUNT APPLICATION

Date: _____ / _____ / 20_____ Account Manager: _____ Customer Account # _____

Corporate Name: _____

D/b/a: _____

BILLING

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____ Zip: _____
Attention: _____

SHIP TO ADDRESS

Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____ Zip: _____
Attention: _____

Type of Organization: _____ Type of Business: _____ Date Established: _____

COMPANY OFFICERS

Name: _____ Name: _____ Name: _____
Social Security #: _____ Social Security #: _____ Social Security #: _____
Title: _____ Title: _____ Title: _____
Phone Number: _____ Phone Number: _____ Phone Number: _____

BANK REFERENCES

Name: _____ Name: _____ Name: _____
Account Number: _____ Account Number: _____ Account Number: _____
Contact: _____ Contact: _____ Contact: _____
Phone Number: _____ Phone Number: _____ Phone Number: _____

TRADE REFERENCES

Name: _____ Name: _____ Name: _____
Account Number: _____ Account Number: _____ Account Number: _____
Contact: _____ Contact: _____ Contact: _____
Phone Number: _____ Phone Number: _____ Phone Number: _____

TERMS & CONDITIONS

In making this application for credit, the applicant promises to pay for all purchases within the terms agreed and agrees to pay a service fee of 1 ½% per month (18% per annum) on all past due balances. In the event any third parties are employed to collect any outstanding balance owed by applicant the undersigned agrees to pay reasonable collection costs and court fees, including attorney fees, court costs, and the cost of appeal. Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and accurate to the best of his/her knowledge. Failure to complete any portion of this form will automatically deny this application for credit. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified and would like to present this application of credit. The applicant also authorizes Dutch Hollow Service & Supplies Incorporated to investigate any references listed.

Signature: _____
Print Name: _____

Title: _____
Date: _____



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CREDIT CARD AUTHORIZATION

Date: ____ / ____ / 20____ Account Manager: _____ Customer Account # _____

Corporate Name: _____

D/b/a: _____

BILLING

Address 1: _____

____ One Time Charge

Address 2: _____

\$ _____

Address 3: _____

City: _____

____ Recurring Charge

State: _____ Zip: _____

____ Charge Upon Delivery

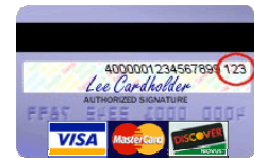
Attention: _____

____ Do Not Charge Until Approval Issued

Type of Card:   

Account Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ CCV Code: _____ (3 Digit Code in Signature Line)



Name On Card: _____

Authorized Users of Card:

Name (First,Last): _____ Name (First,Last): _____

Name (First,Last): _____ Name (First,Last): _____

TERMS & CONDITIONS

In signing this form, I _____, the undersigned hereby states that the above described credit card is in my name and that I authorize its use to purchase products and services from Dutch Hollow Services & Supplies Incorporated and that the total purchases cost will be priced in United State Currency. I authorize the purchase of products, goods, and services from Dutch Hollow Services & Supplies Incorporated on a continuing basis using the credit cards described herein and the terms described below, unless otherwise instructed in writing by the credit card holder, orders for sold goods are to be placed by representative and employers of the above described company via telephone, fax, computer transmission, in writing or verbally to a Dutch Hollow Services & Supplies Incorporated staff member.

Signature: _____

Title: _____

Print Name: _____

Date: _____

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: _____

Address: _____

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

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: _____