

CONFIDENTIAL APPLICATION FOR CREDIT

400 West 33rd Street, Chattanoga TN 37410 Phone: 423-756-5300 sales@sherman-reilly.com

| COMPANY INFORMATION | | | | | | | | | |
|--|-------------------|---------------------------|-------------------|--------------------------|------------|--------|-----|--|--|
| Bill To: | | | Ship To: | | | | | | |
| Name | | | Name | | | | | | |
| Address | | | Address | | | | | | |
| | | | | | | | | | |
| City | State Zip |) | City | | | State | Zip | | |
| OWNERSHIP Proprietorship | Partnership | Corp | oration | Division | Subsidiary | Branch | | | |
| LIST OWNER AND/OR PARENT CORPORATION: Yr Started: | | | | | | | | | |
| Financial Statements Attached: | res 🗌 No 🛛 Annu | ual Sales: | Net Worth: | | | | | | |
| Social Security Number or Federal I.D. # | | | | Line of Credit Requested | | | | | |
| Person to Contact on the Account: | | | | Dunn and Bradstreet # | | | | | |
| Telephone and Ext | | | | Fax # | | | | | |
| Email address to receive Invoices | | | | | | | | | |
| Email address to receive order confirmations | | | | | | | | | |
| TRADE AND BANK REFERENCES | | | | | | | | | |
| List Power Tool and Accessory N Note: Email address must be | anufacturers fror | n whom you ach referer | i are buy ice. | ying direct: | | | | | |
| BANK Name | • | | Т | rade Reference | | | | | |
| Tel # | Fax # | | 1 | Tel # | | Fax # | | | |
| Address | | | | Address | | | | | |
| City | ST | Zip | | City | | ST | Zip | | |
| - | - | Ζιρ | | | | 51 | Ζιρ | | |
| Account # | Contact | | (| Contact | | | | | |
| Email | | | Email | | | | | | |
| Trade Reference | | | Trade Reference | | | | | | |
| Tel # | Fax # | | ٦ | Tel # | | Fax # | | | |
| Address | | | Address | | | | | | |
| City | ST | Zip | (| City | | ST | Zip | | |
| Contact | | I | (| Contact | | | | | |
| Email | | | Email | | | | | | |
| | | | | Lindi | | | | | |

I certify, that all products purchased from Sherman + Reilly are for the purpose of resale or to be included into other goods for resale and that we are registered to collect sales and use taxes in the state of _____, the county of_ , for this location and we and the city of _. Our Registration number is _____ are attaching a copy of all applicable sales and use tax certificates for each location.

The undersigned agrees to pay a service charge on all past due accounts at a rate not exceeding the maximum allowable, plus cost of collections including attorney fees and that Sherman + Reilly standard terms and conditions of sale, as in effect at time of shipment will apply.

I further certify, all information represented in this application is true and grant Sherman + Reilly access to our trade and bank information, and trade group information for the sole purpose of evaluating our credit.

| Signed and Agreed by: | | Title: | Date: |
|-----------------------|--------------|------------|---------------|
| FOR CREDIT DEPARTMEN | IT USE | CUSTOMER # | |
| APPROVED BY | CREDIT LIMIT | | DATE APPROVED |

Please email your completed application, along with a copy of your sales tax exemption certificate, and a copy of your W-9 to sales@sherman-reilly.com