



New Customer Application

Application Date _____

Business Information

Customer ID Number:

Registered Company Name _____

Trading Name _____ Division or Subsidiary Of _____

Street Address _____ City _____

State _____ Zip Code _____ Main Phone _____ Main Fax _____

Accounts Payable Contact _____ Accounts Payable Email Address _____

Accounts Payable Phone Number _____ Accounts Payable Fax Number _____

Purchasing Agent Contact _____ Purchasing Agent Email Address _____

Purchasing Agent Phone Number _____ Purchasing Agent Fax Number _____

Business Profile

Type: Corporation Sole Proprietorship Other: _____
 Partnership Limited Liability Company

Date (Month & Year) Business Was Established _____ Social Security Number/Employer Identification Number _____

Do you plan on reselling our product? Yes No
(If yes, your Sales & Use Tax Certificate must be attached)

Please Check Preferred Method of Payment

Credit Card

Card Number: _____ EXP: _____ CVV: _____

Disclaimer:

I hereby provide and authorize the use of my credit card details (noted above) to Online Stores PA LLC for the purpose of processing orders and to keep record of these details for future use.

Signature: _____ Print Name: _____

Net 30
(Fill Out Page 2)

Estimated Order Frequency:

At Least Weekly Bi-Weekly Monthly
 Bi-Monthly Semi-Annually Annually

Estimated Annual Purchases: \$ _____

Customer Name:

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: \$ _____

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.

Customer ID Number:

1 | _____ | _____
Company Name | Account Number

_____ | _____ | _____
Street Address | City | State

_____ | _____ | _____
Contact Name / email address | Main Phone | Main Fax

2 | _____ | _____
Company Name | Account Number

_____ | _____ | _____
Street Address | City | State

_____ | _____ | _____
Contact Name /email address | Main Phone | Main Fax

3 | _____ | _____
Company Name | Account Number

_____ | _____ | _____
Street Address | City | State

_____ | _____ | _____
Contact Name / email address | Main Phone | Main Fax

4 | _____ | _____
Company Name | Account Number

_____ | _____ | _____
Street Address | City | State

_____ | _____ | _____
Contact Name / email address | Main Phone | Main Fax

Customer Name:

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 PA LLC 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 PA 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 PA LLC all indebtedness now and hereafter owed by The Undersigned. The Undersigned hereby guarantees to Online Stores PA LLC or its assigns, the payment of such sums of money that may at any time hereafter become due to Online Stores PA 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 PA LLC OFFICE USE ONLY

Approval Date: _____ Letter Sent: _____

Approved By: _____ Approved By: _____

Customer ID Number:

Customer Name:

Customer



1000 Westinghouse Drive, Suite 1
New Stanton, PA 15672
(P): 724-925-5600 (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 PA LLC and it's agents for valid business purposes and information requests relating to my/ our banking relationship with the financial institution and account number listed below.

Customer ID Number:

Signature _____ Print Name _____

Title _____ Date _____

BANK INFORMATION

Bank Name _____ Branch _____

Street Address _____ City _____

State _____ Zip _____ 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 PA 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.

Customer Name:

**B
A
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K

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N
L
Y**

CHECKING ACCOUNT: Opened: _____
Average Balance: _____
Number of NSF Checks in Past 12 Months: _____

LOANS:
1 Opened: _____ High Credit: _____ Balance: _____
Secured By: _____
Payment History: _____
2 Opened: _____ High Credit: _____ Balance: _____
Secured By: _____
Payment History: _____

COMMENTS:

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