



5310 Crosswind Drive
Columbus, Ohio 43228
Phone: 614.294.6444

ACCOUNT CREDIT APPLICATION

ACCOUNT # _____

TO BE COMPLETED BY THE APPLICANT: (PLEASE TYPE OR PRINT)

DATE: _____

TYPE OF BUSINESS: _____

SALESPERSON: _____

LEGAL BUSINESS NAME: _____

NAME DOING BUSINESS AS: _____

BILL TO ADDRESS: _____ SHIP TO: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP: _____ FEDERAL ID# _____

OTHER LOCATIONS CURRENTLY OWNED: _____

LINE OF CREDIT REQUESTED: _____ ANTICIPATED MONTHLY PURCHASES: _____

If you have done business with Acorn Distributors previously, please provide that account number

TYPE OF BUSINESS

CORPORATION – INDICATE OFFICERS: _____

ADDRESS: _____

PARTNERSHIP – INDICATE PARTNERS: _____

ADDRESS: _____

PROPRIETORSHIP – INDICATE OWNERS: _____

ADDRESS: _____

TRADE REFERENCES: (NOT TO INCLUDE LIQUOR OR BEER DISTRIBUTORS)

(PLEASE COMPLETE THOROUGHLY)

1. COMPANY NAME: _____

2. COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____ FAX# _____

TELEPHONE # _____ FAX# _____

3. COMPANY NAME: _____

4. COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # _____ FAX# _____

TELEPHONE # _____ FAX# _____

BANK REFERENCES

NAME OF BANK: _____

BRANCH LOCATION: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

NAME OF BANK: _____

BRANCH LOCATION: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____

CHECKING ACCOUNT #: _____

SAVINGS ACCOUNT #: _____

The undersigned ("Applicant") certifies that the statements made in this application are true and accurate. Applicant acknowledges that Acorn Distributors, Inc. ("Acorn") will rely on the statements made in this application in extending credit to Applicant. By making this application, Applicant requests that Acorn sell and deliver goods to Applicant pursuant to the terms and conditions set by Acorn.

Applicant agrees that finance charges of 1½ percent per month shall accrue on goods delivered by Acorn to the Applicant or to any customer designated by the Applicant, from the date each delivery is made, in the event the Applicant's account is not paid to Acorn according to the terms of payment specified by Acorn.

In the event that the Applicant's account is placed with a collection agency or attorney for collection, Applicant agrees to pay Acorn all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced. In the event an action is commenced, Applicant hereby submits to the jurisdiction of the Courts of Marion County in the state of Indiana, and Applicant further agrees that Marion County, Indiana, shall be the exclusive venue for any lawsuits between Acorn and Applicant.

The undersigned applicant authorizes all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of their company.

Signature/Title

Print Name

Date

In order to induce Acorn to extend credit to the Applicant, the undersigned ("Guarantor") hereby unconditionally and irrevocably guarantees payment of all sums due to Acorn by Applicant, including service charges, all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced.

Guarantor waives notice of acceptance, protest, or demand. Guarantor further consents, in advance, to any extension or modification of the terms and conditions of sale by Acorn without notice of the Applicant.

Guarantor hereby submits to the jurisdiction of the courts of Marion County in the state of Indiana, and Guarantor further agrees that Marion County, Indiana, shall be the exclusive venue for any lawsuits between Acorn and Guarantor.

Guarantor Signature (Individual)

Date

Social Security Number

Address

FOR ACORN OFFICE USE ONLY

APPROVED CREDIT LIMIT: _____

APPROVED TERMS (CHECK ONE): NET 25 COD OTHER _____

APPROVED BY: _____ SALES PERSON _____



STEC-B
Rev. 3/15/04

Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

Acorn Distributors, Inc

(vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.