

## Application for Credit Account with Exaclair, Inc. - FOR RETAILERS ONLY

Company Name: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

Resale #: \_\_\_\_\_

Fed Tax ID#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
Phone # Fax #

Website : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Type of Store : \_\_\_\_\_

Years in Business : \_\_\_\_\_

Business is a:  Sole Proprietorship  
 Partnership  
 Corporation

Company Owner/President : \_\_\_\_\_

Partners : \_\_\_\_\_

Buyers : \_\_\_\_\_

Bank : \_\_\_\_\_

Method of Payment (check one):

\_\_\_\_\_  
City State Branch

Net 30  Credit Card  Check  COD

**Trade References** (3 required, i.e. firms with which your company has a reseller account):

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acct #: \_\_\_\_\_

Acct #: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acct #: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I/We hereby accept responsibility for invoices being paid within the stated terms. Should litigation be necessary to collect such invoices, court costs and attorneys' fees will be recovered by the prevailing party. The place of performance of this agreement and related orders shall be considered by the parties hereto to be New York, New York.

**Please check all that apply:**

Please send me Exaclair's catalogs

Include my store on the Exaclair web site's "Where to Buy" listing

Signature: <i>Officer Only</i>	
Print Name:	
Title:	