



## CREDIT APPLICATION

**\*ALL ORIGINALS MUST BE RETURNED BY MAIL\***

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SALES REP NAME \_\_\_\_\_  
TYPE OF ACCOUNT REQUESTED: OPEN: \_\_\_\_\_ COD: \_\_\_\_\_ CASH: \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EAIL: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_  
DOES YOUR COMPANY REQUIRE A PURCHASE ORDER? YES \_\_\_\_\_ NO \_\_\_\_\_  
INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX: \_\_\_\_\_  
INDIVIDUAL (S) AUTHORIZED TO PLACE ORDERS: \_\_\_\_\_

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**BUSINESS TRADE REFERENCES: (PLEASE PROVIDE COMPLETE INFORMATION TO EXPEDITE PROCESSING)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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**BANK ACCOUNT INFORMATION:**

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ AUTHORIZED SIGNERS: \_\_\_\_\_  
BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ AUTHORIZED SIGNERS: \_\_\_\_\_

**BUSINESS INFORMATION: (PLEASE LIST ALL AFFILIATED BUSINESS OFFICERS)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

**CREDIT AGREEMENT**

GUARANTOR(S) OF THE ACCOUNT WITH R&D DISTRIBUTING AGREE BOTH INDIVIDUALLY AND ON

BEHALF OF SAID BUSINESS TO THE TERMS AND CONDITIONS AS DISCLOSED BELOW.

- ACCOUNT WILL REMAIN IN GOOD FINANCIAL STANDING AND PAID WITHIN AGREED TERMS SET FORTH BY R&D, UNLESS OTHERWISE SPECIFIED.
- ACCOUNTS THAT BECOME DELINQUENT MAY BE SUBJECT TO FINANCE CHARGES PAYABLE ON STATEMENTS.
- ACCOUNTS THAT ARE CONSIDERED UNCOLLECTABLE BY REASONABLE MEANS WILL BE SUBMITTED FOR COLLECTIONS. ANY COSTS INCURRED WILL BE THE SOLE RESPONSIBILITY OF THE GUARANTOR.
- ANY ACCOUNT THAT SUBMITS A NON-SUFFICIENT FUNDS CHECK WILL BE SUBJECT TO A \$25 FEE PER INSTANCE. ALL FEES MUST BE PAID IN FULL UPON RECEIPT. IF FOR ANY REASON A CHECK IS UNCOLLECTABLE, THE ACCOUNT WILL BE PLACED ON HOLD UNTIL PAYMENT IS SATISFIED.
- PERSONAL GUARANTOR(S) MAY ONLY BE REMOVED FROM AN ACCOUNT WITH WRITTEN NOTICE. REMOVAL FROM AN ACCOUNT DOES NOT RELIEVE THE FINANCIAL OBLIGATION OF ANY UNPAID BALANCES PREVIOUS TO THE DATE OF REMOVAL. ONLY WHEN PREVIOUS BALANCES ARE SATISFIED WILL THE GUARANTOR BE COMPLETELY REMOVED.

WITH MY SIGNATURE I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I ALSO GRANT PAD PERMISSION TO OBTAIN ANY INFORMATION REQUIRED TO ESTABLISH AND MAINTAIN THE BUSINESS ACCOUNT OR VERIFY THE INFORMATION PROVIDED.

SIGNED \_\_\_\_\_ PRINT \_\_\_\_\_ DATE: \_\_\_\_\_

Principal/Owner/Officer only



**R&D Distributing**

400 76<sup>th</sup> St. SW

Byron Center, MI 49315

PHONE: (616) 878-3500 FAX: (616) 878-4500

[www.teamprogressive.com](http://www.teamprogressive.com)

**Michigan Business Resale Tax Certificate**

I certify that all purchases made from R&D are for the sole purpose of resale within the state of Michigan. The Michigan Certificate of Resale that I am providing for purchases from R&D is valid and active with the state.

Authorized Purchaser: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Resale Tax Number (8 digits): \_ \_ \_ \_ - \_ \_ \_ \_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Place Michigan Certificate of Resale Tax Here and Copy

OFFICE USE ONLY:

ASSIGNED ACCOUNT NUMBER: \_\_\_\_\_  
DATE ASSIGNED: \_\_\_\_\_  
AUTHORIZED BY: \_\_\_\_\_



**Please fill out & fax back to:**  
R&D Distributing.  
(616) 878-4500 FAX  
(616) 878-3500

## Credit Card Authorization Agreement

I, \_\_\_\_\_, of \_\_\_\_\_ authorize R&D Distributing to charge my credit card (listed below) for orders placed either verbally or in writing. I also authorize R&D Distributing to charge my credit card for past due balances over 60 days or any balances remaining for returned checks and their associated fees. This agreement must be signed & returned to R&D Distributing before we can process any credit card transactions.

Card type (circle one):                      Visa                      Master Card                      AMEX

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      CVC #: \_\_\_\_\_ (3or4 digit security code)

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

\_\_\_\_\_  
Name as Listed on Card

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Copy of Credit Card Here

Copy of Driver License Here