

CUSTOMER SETUP & AGREEMENT (CSA)

Account Rep:

CUSTOMER SET UP

Today's Date:

Billing Information

Legal Name: _____

Bill to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Shipping Information (for multiple shipping addresses please attach on separate sheet)

Please check here if you do not have a commercial delivery address.

Ship to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business/Industry: _____
(Example: Hospital, School, Contract Cleaner, etc.)

We prefer to have our original invoices:

- E-mailed to this email: _____
- Faxed to the following number: _____

We prefer the following:

- A revolving account be set up for Net 30 day term*
- To pay invoices immediately by Credit Card
- To pay for each order at time of delivery (COD)

* Requires page 3 titled "Revolving Account Agreement" to be completed. Acceptable payment for invoices on account is EFT, Check or Cash. Credit Card payments on revolving accounts may incur a 2.5% fee.

Does your company require purchase orders: Yes No

Do you want pricing info printed on shipping documents: Yes No

Sales Tax Status: Nontaxable Taxable County: _____
(If nontaxable, please complete appropriate tax exemption certificate which is available on our website)

Person(s) authorized to purchase: _____

CONTACTS

Name/Person completing this form: _____ phone _____

AP Contact: Email order confirmation : Yes No
(AP Contact Info is Required)

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Delivery Contact: Email order confirmation : Yes No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Purchasing Contact : Email order confirmation : Yes No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Other Contact 1: Email order confirmation : Yes No

Name: _____ Ph: _____ Fax: _____

Email: _____ Title: _____

Detroit: 1801 Howard Street, Detroit, MI 48216 ph 313.230.0770 fax 313.230.0771
Grand Rapids: 3919 N Greenbrooke Dr SE, Grand Rapids, MI 49507 ph 800.968.4278 fax 616.245.2632
Toledo: 3151 Hill Ave Toledo, OH 43607 ph 419.867.7722 fax 419.867.3377

REVOLVING ACCOUNT AGREEMENT –

This page is required to be completed if you checked the box on page 1 requesting a revolving account

Legal Entity Name: _____

Please complete Type Of Business

Corporation Partnership Proprietorship LLC Other _____

Date Business Started: _____ State of Incorporation: _____

Tax Id#: _____

- I understand that I am agreeing to accept the responsibilities of having a revolving account opened in the account name listed above.
- I understand that this is a contract to pay and a failure to pay within terms constitutes a breach of contract.
- I agree to pay all invoices within 30 days from invoice date (**NET 30**) for purchases made on this account.
- In consideration of credit being extended, I agree to pay all reasonable collection costs and attorney fees, in the event I fail to pay when due and our account is referred to an attorney, collection agency, or small claims for collection.
- I understand that I may be required to complete a Personal Guarantee for this Account. If required to do so, I understand the failure to do so will result in a revolving account denial.
- I understand and agree that a 1.5% per month service charge will be assessed to my/our account for any invoices not paid within 30 days.
- I understand and agree that there will be a \$45.00 fee for checks returned by your bank.

I have read, understand, and agree to the terms listed above.

Signature: _____ Date: _____
(Must be an officer or owner of the company)

Printed name of signature above _____

Phone: _____ Email: _____

Title: _____

PAYMENT GUARANTEE

I, _____, residing at _____
(Guarantor's name) (home address, city, state, zip)

for good and valuable consideration, including the extension of credit, which I hereby acknowledge as having been received, do hereby personally guarantee and promise to pay any obligation to Allied Eagle Supply or its affiliate's demand for any indebtedness of _____ to Allied Eagle Supply or its affiliates, which may become due. (Company name)

This guarantee shall be a continuing and irrevocable guarantee and indemnity to Allied Eagle Supply or its affiliates.

I do hereby waive notice of default, non-payment and notice thereof and to jury trial and consent to all renewals and modifications of extension of credit.

Date: _____

Signature: _____

Printed Name: _____

Social Security Number: _____

Driver's License Number: _____

Telephone Number: _____

Email: _____

Bank Name: _____

Account Number: _____