



SOLUTIONS ON DEMAND

Thank you for your interest in opening a business account with CBT Company.

It is our standard procedure to request information about your business and obtain a signed credit agreement from customers. This information is needed to be able to **better service** your account. This information will remain strictly confidential and will be used for the purpose of establishing your account with us. Please return the completed forms to:

CBT Company
Attn: Michael Roth
737 West 6th Street
Cincinnati, OH 45203

If you prefer, you may fax to (513) 621-0929

Should you have any questions, please call me at (513) 621-1599 ext. 203.

Our remit to address is:

CBT Company
7152 Solution Center
Chicago, IL 60677-7001

Standard Terms 1% 10 days net 30 days

We look forward to hearing from you. Thank you for your cooperation in this matter

Sincerely,
CBT Company
Michael Roth
Credit Manager
Enclosures



SOLUTIONS ON DEMAND

Cincinnati
737 W 6th Street
Cincinnati, OH 45203
(513) 621-9050
(513) 621-0929 FAX
(888) 492-2244

Springboro
130 Advanced Drive.
Springboro, OH 45066
(937) 746-7356
(937) 746-7852 FAX
(800) 686-9055

Please visit our website: www.cbtcompany.com

CREDIT APPLICATION

Please return this application and any additional forms required with a copy of your financial statement to the address above. All information will be used for credit purposes only and will be held in strict confidence.

Application must be completed to process in a timely manner.

**Payment options are by mail, ACH, wire transfer or credit card.*

We accept Visa, American Express & MasterCard for processing at time of shipment.

***Mail payments to: 7152 Solution Center, Chicago, IL 60677-7001**

Accounting Fax Number (513) 621-0929

DATE _____ WHO REFERRED YOU TO CBT? _____ SALESMAN _____

INITIAL ORDER \$ _____ ANNUAL BUYING POTENTIAL \$ _____ CREDIT LIMIT REQUESTED _____

LEGAL BUSINESS NAME _____ FEDERAL IDENTIFICATION NO. _____

TRADE NAME OR DBAs _____

PARENT COMPANY, IF APPLICABLE _____

ADDRESS _____ BUSINESS PHONE () _____

LLC CORPORATION LLP PARTNERSHIP SOLE PROPRIETORSHIP IF INCORPORATED INDICATE STATE _____

NAMES (S) OF OWNERS, PARTNERS, OFFICERS _____

LINE OF BUSINESS _____ D&B NUMBER _____

SIC CODE _____ HOW LONG IN BUSINESS _____ ACCOUNTS PAYABLE MANAGER _____ PHONE _____ EXT. _____

PURCHASING MANAGER _____ PURCHASE ORDERS NO. REQUIRED _____ YES _____ NO _____

BILLING INFORMATION

SHIPPING INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE () _____

FAX NUMBER () _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE () _____

FAX NUMBER () _____

****IN THE STATE OF OHIO THE COUNTY IN WHICH WE WILL BE SHIPPING TO MUST BE LISTED BELOW.**
NAME _____

****ORIGINAL INVOICES FAX DAILY TO** _____ **A/P FAX NUMBER ()** _____



FINANCIAL INSTITUTION REFERENCES

BANK NAME _____ ADDRESS _____ PHONE (____) _____
 CHECKING ACCOUNT NO _____ LOAN ACCOUNT NO _____ LINE OF CREDIT _____ YES _____ NO
 BANK CONTACT NAME _____ FINANCIAL STATEMENT ATTACHED _____ YES _____ NO
 **PRIOR BANKRUPTCY FILED _____ YES _____ NO DATE _____

PRINCIPAL SUPPLIERS

NAME	PHONE	FAX
1) _____	(____) _____	(____) _____
ADDRESS _____	ACCT # _____	
2) _____	(____) _____	(____) _____
ADDRESS _____	ACCT # _____	
3) _____	(____) _____	(____) _____
ADDRESS _____	ACCT # _____	

HAVE YOU GIVEN ANY OF THE ABOVE PERSONAL GUARANTIES? () YES () NO

BUILDING: () LEASING () BUYING () OWN

NAME OF LANDLORD/MORTGAGEE _____ ACCT # _____ PHONE () _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE FOLLOWING INFORMATION

VISA	ACCOUNT NO _____	EXPIRATION DATE ____/____/____
MASTERCARD	ACCOUNT NO _____	EXPIRATION DATE ____/____/____
AMERICAN EXPRESS	ACCOUNT NO _____	EXPIRATION DATE ____/____/____

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The law is not limited solely to consumer transactions, but also applies to credit extended to any individual, partnership, or corporation. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, N.W., Washington, D.C. 20580.

In consideration of your extending credit at my request to: _____ ("company"), of which I am _____, I hereby absolutely and unconditionally personally guarantee the full payment of any obligation of the company and I hereby bind myself to pay you on demand of any sum, including all expenses, which may become due by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of demand, protest of default and consent to any modification or renewal of the credit agreement hereby guaranteed. I/We hereby authorize you to obtain credit information to be used with this application and obtain credit information from credit grantors, commercial and consumer reporting agencies.

 Guarantor of Company (as individual) Date _____

Witness _____ Date _____

CREDIT AGREEMENT

In consideration of your extending credit to me, I (customer) agree to the following regarding all purchases made by me or others authorized to use my account.

1. **BALANCE:** To pay balance of my account monthly upon receipt of my invoice, without incurring finance charge.
2. **FINANCE CHARGE:** To pay 1-1/2% per month (18% annually) on all amounts over 60 days at month end. The balance outstanding at month end is determined by adding purchases and other charges to, and subtracting payments and credits from the balance outstanding on the previous month end, excluding any unpaid FINANCE CHARGE.
3. **FAILURE TO PAY:** You (CBT Company) may declare the full remaining unpaid balance immediately payable if I fail to make any required payment in full when due. If the account is referred to an attorney for collection, all cost of collection incurred by CBT, reasonable attorney's fee and expenses not exceeding the amount permitted by state law. Ohio law applies during disputes.
4. **CREDIT LIMITS:** Based on the information I supplied and a subsequent credit investigation, my newly approved account is subject to initial credit limits. Credit limits are adjusted monthly based on my payment activity, and you reserve the right to limit the extent of my purchase.
5. **CREDIT INVESTIGATION:** You are authorized to investigate my credit record including bank and trade references both now and for future updates. You are also authorized to report to proper persons and bureaus my performance under this agreement.
6. **REVISION AND TERMINATION OF AGREEMENT:** You may revise this agreement at any time upon giving me proper notice. Either you or I may terminate this agreement upon giving notice to the other. However, such termination shall not effect my then-existing obligations under this agreement.
7. **TERMS OF SALE:** 1% (one) discount if paid within 10 (ten) days, else net 30 (thirty) days. 1% 10, Net 30, unless otherwise agreed to in *writing* by CBT Company. Purchase order terms and conditions do not supersede CBT Company standard terms unless specifically agreed to in *writing*.

I certify that the information provided is true and accurate, and that if credit is extended, I agree to the terms and conditions set forth in this application.

(USE OF CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE DIGNITARY)

Print Name

Print Name

Authorized Signature

Authorized Signature

Company Name _____ **Date** _____



Ohio 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 from

CBT Company

and certifies that this claim is based upon the purchaser's proposed use of the items or services, the activity of the purchaser, or both, as shown hereon: **** (Reason must be indicated or taxes will be applied)**

**** Please indicate reason here.**

*****PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXCEPTION OR EXEMPTION**

Purchaser's Name

Street Address

City

State

Zip

Signature and 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 their items under the "resale" exception. Otherwise, purchasers must comply with rule 5703-9-10 of the Administrative Code.

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

*****THIS SALES TAX BLANKET EXEMPTION CERTIFICATE IS FOR THE STATE OF OHIO "ONLY"
IF YOUR SHIP TO ADDRESS IS LOCATED IN ANY OTHER STATE THAN OHIO YOU MUST COMPLETE THE FORM FOR THE
STATE IN WHICH YOU SHIP TO*****