

801 West Bay Street
 Jacksonville, FL 32204
 Toll Free Phone: (888) 704-7280

INTERNAL USE:
 Sales Representative: _____
 Sales Rep ID: _____

APPLICANT:

Legal Name: _____
 Sole Proprietorship Limited Partnership Partnership Corporation State of Organization _____
 Are You Sales Tax Exempt? (An exemption certificate must be attached): Yes No
 Do You Accept Back Orders? Yes No Do You Require P.O. Numbers? Yes No
 Estimated Monthly Purchases: _____ Requested Credit Line Amount: _____

BILLING INFORMATION

Customer Name (if different than Applicant's Legal Name): _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email Address: _____
Customer invoices will be sent by email.

SHIPPING INFORMATION

Location Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Information: _____ Email Address: _____
 Delivery Instructions: _____

PRIMARY BUYER CONTACT INFORMATION

Primary Business Contact: _____
 Title: _____
 Telephone: _____ Email Address: _____

SECONDARY BUYER CONTACT INFORMATION (Optional)

Secondary Business Contact: _____
 Title: _____
 Telephone: _____ Email Address: _____

BUSINESS TYPE:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Amusement & Entertainment | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Manufacturing & Utilities | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Building Service Contractor | <input type="checkbox"/> Food Service & Drinking Places | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Cash and Internal | <input type="checkbox"/> Government – State and Local | <input type="checkbox"/> Not-for-Profit | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Correctional Facilities | <input type="checkbox"/> Health and Fitness | <input type="checkbox"/> Other Facilities | <input type="checkbox"/> Wholesale – Distribution |
| <input type="checkbox"/> Education – Pre K-12 | <input type="checkbox"/> Healthcare – Acute | <input type="checkbox"/> Property Management – Commercial | |
| <input type="checkbox"/> Education – Colleges, Univ, Tech | <input type="checkbox"/> Healthcare – Long Term | <input type="checkbox"/> Property Management – Shopping Malls | |
| <input type="checkbox"/> Federal Government Agencies | <input type="checkbox"/> Lodging & Hospitality | <input type="checkbox"/> Places of Worship | |

TRADE/BANK REFERENCES (We accept suppliers' trade references only):

Name: _____ Acct. #: _____
 Address: _____ Phone: _____ Fax: _____
 Name: _____ Acct. #: _____
 Address: _____ Phone: _____ Fax: _____
 Name: _____ Acct. #: _____
 Address: _____ Phone: _____ Fax: _____
 Bank Name: _____ Phone: _____ Fax: _____
 Address/Branch: _____ City: _____ State: _____ Zip: _____
 Account#: _____ Checking Savings Loan

Email to customercare@supplyworks.com

Having Trouble Completing this Form Electronically? Download and open in Adobe Acrobat Reader and fax to: 000.000.0000

Any and all disputes, claims, or controversies arising out of or relating to your application or request for credit, including any extension of credit and any creditor/borrower relationship between the parties (collectively, the "Disputes") must be submitted to the American Arbitration Association ("AAA") at the office located closest to Jacksonville, FL for binding arbitration in accordance with its commercial arbitration rules then in effect (except for any rule and procedure in conflict or inconsistent with the provisions of this section). The Federal Arbitration Act, 9 U.S.C. §§ 1-16, as amended from time to time, shall govern all arbitration(s) and confirmation proceedings under this provision.

YOU AGREE THAT BY REQUESTING CREDIT, COMPLETING A CREDIT APPLICATION, SUBMITTING A CREDIT APPLICATION, RECEIVING CREDIT, OR ENTERING INTO A COMMERCIAL RELATIONSHIP WITH THE COMPANY, YOU WAIVE YOUR RIGHT TO PARTICIPATE IN A CLASS ACTION, PRIVATE ATTORNEY GENERAL ACTION OR OTHER REPRESENTATIVE ACTION AGAINST THE COMPANY AND ITS AFFILIATES IN A COURT OR IN ARBITRATION, AS APPLICABLE. YOU FURTHER AGREE YOU MAY ONLY BRING DISPUTES AGAINST ANY OTHER PARTY IN YOUR INDIVIDUAL CAPACITY AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. FURTHER, IN THE EVENT ANY DISPUTE IS TRIED IN A COURT, YOU HEREBY IRREVOCABLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY LAW, ANY AND ALL RIGHTS TO TRIAL BY JURY IN ANY LEGAL PROCEEDING ARISING OUT OF OR RELATING TO ANY COMMERCIAL RELATIONSHIP BETWEEN THE PARTIES.

PURCHASER ACKNOWLEDGES THAT APPLICANT HAS READ AND ACCEPTED THE TERMS AND CONDITIONS OF SALE AND CREDIT POLICIES AS SET FORTH ON SELLER'S WEBSITE OR CATALOGUE. Purchaser certifies that it is solvent and capable of meeting its obligations hereunder and that all information provided to seller will be used solely for the granting of credit. Purchaser and each Guarantor authorize SupplyWorks and/or its affiliates ["Seller"] to request credit reports from credit bureaus (including consumer reporting agencies) regarding their respective commercial or personal credit and otherwise to investigate their respective creditworthiness and banking history before extending credit now or at any time in the future. Purchaser Represents that all information provided is true and complete. Seller may terminate any credit availability within its sole discretion. This form must be signed by the Purchaser's Authorized Agent.

Signature: _____ Date: _____
Name: _____ Title: _____

GUARANTEE

The undersigned, jointly and severally, if more than one, hereby guarantee the full and prompt payment, without offset, of all existing and future indebtedness of Purchaser to Seller, including any costs, expenses, and reasonable attorneys' fees payable as a consequence of Seller's collection efforts. This personal guarantee is absolute, complete, irrevocable and continuing. Each Guarantor authorizes seller to request credit report from credit bureaus (including consumer reporting agencies) regarding Guarantor's personal credit and otherwise to investigate Guarantor's credit worthiness and banking history before extending credit now or at any time in the future. Notice of acceptance of this guarantee, extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice which shall be sent to the creditor's credit office by certified mail. Any revocation does not revoke the obligation of the guarantor(s) to provide payment for indebtedness incurred prior to the revocation. This Personal Guarantee shall not exceed \$1,000,000 and will remain in force for three (3) years from date of last sale.

Guarantor agrees to provide financial information as reasonably requested by Seller.

Signature: _____ Printed Name: _____ Date: _____

Home Address: _____

Phone #: _____ Social Security #: _____

Signature: _____ Printed Name: _____ Date: _____

Home Address: _____

Phone #: _____ Social Security #: _____

FOR INTERNAL USE ONLY

Check one:

- This is a new billing account _____
- Add shipping account to existing billing account # _____
- Master Group Code _____ Chain _____ Master Invoicing _____

- SupplyWorks
- SupplyWorks Sexauer
- SupplyWorks Trayco

Estimated Yearly Spend: \$ _____

Price Code:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> SW BSC Default B11 | <input type="checkbox"/> SW Education Default E11 | <input type="checkbox"/> SW Other Default 011 | <input type="checkbox"/> SW/SX BSC Default SX0500 | <input type="checkbox"/> SW/SX Education Group/Chain/NA SX1015 |
| <input type="checkbox"/> SW BSC InSite B22 | <input type="checkbox"/> SW Education USC/InSite E22 | <input type="checkbox"/> SW Other CORD 022 | <input type="checkbox"/> SW/SX BSC Group/Chain/NA SX0600 | <input type="checkbox"/> SW/SX Prop Mgt Default SX0810 |
| <input type="checkbox"/> SW BSC Natl Acct B23 | <input type="checkbox"/> SW Education Natl Acct E23 | <input type="checkbox"/> SW Other Natl Acct 023 | <input type="checkbox"/> SW/SX Health Default SX0703 | <input type="checkbox"/> SW/SX Prop Mgt Group/Chain/NA SX0608 |
| <input type="checkbox"/> SW Health Default L11 | <input type="checkbox"/> SW Prop Mgt Default P11 | | <input type="checkbox"/> SW/SX Health Group/Chain/NA SX0814 | <input type="checkbox"/> SW/TY TYO |
| <input type="checkbox"/> SW Health Natl Acct L23 | <input type="checkbox"/> SW Prop Mgt Natl Acct P23 | | <input type="checkbox"/> SW/SX Edu Default SX0810 | |

Exemptions: FC H F

Service Notes or Comments: _____

Email to customercare@supplyworks.com

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