



## Application Information for New and Renewal Accounts

Thank you, for your interest in opening an account with Aetna Plywood, Inc. Please complete both pages of the new account application and one of the tax forms where applicable. If you are applying for COD terms we still need all the forms completed and returned to us. Please note that the forms must be signed. Forms without signatures are not processed.

Tax certification is required of us by the states of Illinois, Indiana, Michigan, Wisconsin and Minnesota. If your business is in one of these states your account will be charged sales tax unless the proper form is completed, signed and included with the new account application.

Return pages one and two of the new account application and the tax certificate by fax to:

Indianapolis Sales Office 317-356-3503

We look forward to welcoming you as one of our important customers.

# AETNA PLYWOOD, INC.

6350 Brookville Road, Indianapolis, IN 46219

Continued on page 2 of form, this is page 1  
(317) 353-6281 fax (317) 356-3503

<b>Legal Name of Business</b>		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC)
Years in business	Number of employees	Federal Identification Number (required)

Billing Address (street and number)	Main Phone
City/State/Zip	Fax
Send invoices to this email address (fax or email required)	(or) Fax invoices to this fax number
Do you require purchase orders to appear on your invoices? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you prefer COD terms? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require an order acknowledgement? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Your Ship To Address, if different from billing address</b>	<b>Special delivery instructions</b>
	<input type="checkbox"/> Hand unload <input type="checkbox"/> Side unload <input type="checkbox"/> Drive on <input type="checkbox"/> 40' truck okay
Nearby major intersecting streets, highways or roads:	Receiving Hours _____

<b>Owners, Partners, or Corporate Officers:</b>		
(2) Name and title	Mobile phone	Email address
(3) Name and title	Mobile phone	Email address
The undersigned hereby consents to Aetna Plywood Inc.'s use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal, proprietor, partner and/or guarantor in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorizes Aetna Plywood Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the credit application. The undersigned as individual hereby knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act.		
<b>Applicant's signature:</b> ✓ _____		<b>Date:</b> _____
<b>Print Name:</b> _____		

<b>PERSONAL GUARANTY</b>
The undersigned hereby personally guarantees any existing or hereinafter created indebtedness by the Applicant to Aetna Plywood, Inc. and waives presentment and demand for payment, notice of payment, notice of non-payment, protest and notice of protest, and consents without notice of any extensions of time or increase in the amount of the credit given. This is intended to be continuing guarantee and shall continue as to all new indebtedness incurred unless and until a written notice is served upon Aetna Plywood, Inc. by certified mail-return receipt requested; declaring said personal guarantee shall not apply to future purchases. Guarantor consents to allow Aetna Plywood Inc. to change or modify the terms of sale without notice to or authorization of the guarantor. Guarantor assumes all responsibility for staying advised as to the Applicant's financial condition and risk.
<b>Guarantor's Signature as individual:</b> ✓ _____ <b>Date:</b> _____ (not in the capacity of corporate officer)

<b>For Office Use Only</b>				
Class:	Salesperson:	Mailing:	Customer Number:	Approved/Date:



## Trade References (Required for open account terms. Not providing references will result in COD terms:

Provide a separate list of trade references with name, fax and/or email contact information.

<u>Laminate and Solid Surface</u> Name	<u>Granite and Quartz</u> Name	<u>MDF, Melamine &amp; related</u> Name	<u>Hardware</u> Name
_____	_____	_____	_____
Purchases _____	Purchases _____	Purchases _____	Purchases _____
\$ _____/month	\$ _____/month	\$ _____/month	\$ _____/month

Primary Business Classification (check only one)

- Tops/Post-forming  
  Store Fixtures/P.O.P/Displays  
  Cabinet Mfg.  
  Furniture  
  Arch. Millwork  
  Signs  
  Stone Fabricator  
  Plywood  
  Closets  
 RV/Mobile Homes  
 Games  
 Institution  
 Ceiling-Wall

Who is will be placing orders?

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

Email: \_\_\_\_\_

Who do we speak to about payments?

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

Email: \_\_\_\_\_

## AGREEMENT FOR A COMMERCIAL ACCOUNT WITH AETNA PLYWOOD, INC.

Applicant hereby applies to Aetna Plywood, Inc. ("Aetna") to open a commercial account in Applicant's name and hereby requests Aetna from time to time to extend credit to enable Applicant to buy merchandise from Aetna for business or commercial purposes only. As an inducement to Aetna to extend credit, and in consideration of Aetna agreeing to extend credit to Applicant, Applicant states as follows:

- Applicant represents and warrants that all information including but not limited to the information on the Application for Credit, given in connection with this Application and Agreement ("Agreement") is true and correct as of the date of this application. Applicant agrees to provide Aetna with notice of changes to the information contained on the face and back of this agreement as they occur.
- Applicant agrees to pay within thirty days of the date of the invoice for all merchandise delivered on that invoice. ("Payment Due Date")
- If any invoice remains unpaid after the Payment Due Date then Aetna has the right to not deliver further orders and need not notify Applicant.
- If any amount due for any merchandise remains unpaid on the last business day of the month in which the Payment Due Date falls, Applicant shall pay to Aetna a late charge on all past due amounts from the first day of the month immediately following the month in which the Payment Due Date falls until such amounts are paid in full. The late charge shall be two percent per month, equaling an annual percentage rate of twenty-four percent.
- If applicant pays any invoice with a check, and the check is returned from Applicant's bank unpaid for any reason, Applicant will pay a service charge of thirty-five dollars or one half of one percent of the face amount of the check, whichever, is greater. The service charge will be along with any late charges that may be applicable.
- Applicant agrees that for any merchandise to be returned, if approved by Aetna, applicant will incur a restocking charge and further responsibility for shipping and handling charges.
- This agreement shall be a continuing agreement and shall apply to each purchase of merchandise. Applicant agrees that Aetna can change or amend any of the terms of this Agreement. Applicant's continued use of the commercial charge account after the effective date of the amendment or change shall be deemed acceptance of the changed terms.
- Applicant may terminate this Agreement at will at any time by written notice to Aetna. Such termination to be effective following the receipt of the notice. Termination of this Agreement shall result in all subsequent purchases to be shipped on a prepaid basis only.
- Applicant agrees to hold harmless Aetna Plywood, Inc. for any damages resulting from the withholding and/or delaying of the shipment of merchandise to applicant resulting from events outside the control of Aetna Plywood, Inc.
- Applicant understands and agrees that Aetna's liability of damages as a result of a failure of any product shall be limited to the cost of the replacement of the goods supplied, and Aetna shall not be liable for any incidental or consequential damages arising therefrom.
- Applicant agrees to submit to the jurisdiction of the Circuit Court of Cook County, Illinois.
- Applicant and Aetna hereby waive the right to a jury trial for any claim arising from the enforcement of this agreement.
- Applicant will pay all expenses, including reasonable attorneys' fees, incurred by Aetna in the enforcement of the agreement and the collection of any charges due thereunder.
- Aetna's failure to exercise any of its rights hereunder shall not be deemed a waiver of Aetna's rights under this agreement.

The applicant, whose signature appears below, ("Applicant") hereby authorizes Aetna to request and to obtain credit information from Applicant's trade, bank and personal references. Applicant authorizes the references contacted by Aetna to release to Aetna the information concerning the status and conduct of the Applicant's business and personal credit. Applicant states that they have read all the terms and conditions stated on page 1 and page 2 of this form. Applicant agrees that those terms and conditions govern this application for an account.

**Applicant's signature:** ✓ \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Form ST-105 SF# 49065 (Rev 1/00)

**Indiana Department of Revenue General Sales Tax Exemption Certificate**

This form is not to be used as an Agricultural or Utility Exemption Certificate. Company Exemption Certificates are not valid for personal purchases.

Name \_\_\_\_\_ TID# \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

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

Blanket  Single Purchase Description of Articles \_\_\_\_\_

Sale to Retailer, Wholesaler or Manufacturer for Resale Only

Sale of Manufacturing Machinery, Tools and Equipment to be Used Directly in Direct Production

Sales to Not-for-Profit Organizations, Claiming Exempt Purchases Pursuant to Sales Tax Information Bulletin #10

Note: Many purchases by Not-for-Profit Organizations are subject to Sales Tax; therefore, purchasers are cautioned to read Sales Tax Information Bulletin #10 before signing this certificate.

Sales to Governmental Units

Other (Explain) \_\_\_\_\_

I hereby certify under the penalties of perjury, that the property that is to be purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act.

Signature \_\_\_\_\_ Title \_\_\_\_\_