



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:

Chicago sales office (Maywood, Illinois) 708-343-1101

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

AETNA PLYWOOD, INC.1401 St. Charles Rd., Maywood, IL 60153
(708) 343-1515 Fax: (708) 343-1101

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credit@aetnaplywood.com

Legal Name of Business:			<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 (FEIN)	Taxable <input type="checkbox"/>	
			Tax Exempt <input type="checkbox"/> (tax exempt certificate required)	

Bill To:

Billing Address (street and number)		Main Phone:
City/State/Zip		Fax:
Email Address for Invoices/Statements: (Required)		

Ship To:

Ship to Address: (if different from billing address)		Special Delivery Instructions:
		<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: _____

Do you require purchase order #'s to appear on your invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you prefer COD terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require order acknowledgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Who will be placing orders?	Who do we speak to about payments?		
Name: _____	Name: _____		
Email: _____	Email: _____		

Owners/Partners/Corporate Officers:

Name and Title:	Mobile:	Email:
Name and Title:	Mobile:	Email:

Business Consumer Credit Report

The undersigned hereby consents to Aetna Plywood, Inc.'s use of non-business/business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as a principal, proprietor, partner and/or guarantor in connection with the extension of the 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 an individual hereby knowingly consents to the use of such credit report consistent with the Federal Fair Credit Reporting Act.

Applicant's Signature: ✓ _____ Date: _____
 Print Name: _____ Title: _____

PERSONAL GUARANTY

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 credit given. This is intended to be a 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 requested; declaring said personal guarantee shall not apply to the 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.

Guarantor's Signature as Individual: ✓ _____ Date: _____
(not in the capacity of corporate officer)
 Print Name: _____ Title: _____

HELP US LEARN ABOUT YOUR BUSINESS!

Suppliers/References: (Required for Those Accounts with Terms. Failure to Provide References Will Result in COD Terms)			
Product Type	Main Supplier	Monthly Purchases	Contact Info (Fax/Email)
Laminate/Solid Surface			
Hardware			
Hardwood Lumber			
Softwood and Hardwood Plywood			
MDF/Particleboard/Melamine Melamine (TFL)			
Other			

How did you hear about Aetna Plywood?

Online
 Through an Aetna Plywood Supplier
 From Another Aetna Plywood Customer
 Other - Please Specify _____

What industry segments do you serve?

Arch Millwork
 Exhibit Mfg.
 Plywood Mfg.
 Stone Fabricator
 Ceiling-Drywall
 Games
 Residential Furniture
 Signs
 Closets
 Hospital
 Retail Home Center
 Other: (Specify Below) _____
 Contractor/Builder
 Kitchen & Bath Mfg.
 RV/Mobile Homes
 Countertop Mfg.
 Lumber Yard
 School
 Door/Window Mfg.
 Office Furniture
 Store Fixture/POP Displays

How many (Carpentry/Millwork) Employees do you have fabricating material in your shop? [non-office employees]

1
 2
 3
 4
 5+

For Office Use Only				
Classification:	Outside Sales:	Inside sales:	Credit Limit:	Terms:
Credit Safe:	Rank:	CertCapture:	Customer Number:	Approved/Date

WHOLESALE ACKNOWLEDGEMENT

Truckload Delivery Requirements

- **Must** be a commercial property with a proper loading dock.
- Your street must accommodate a 44,000 pound tractor trailer.
- Your Business must be open 8 hours per day (Monday - Friday).
- You must have a 6,000 pound capacity forklift.
- You must have personnel that can unload our truck.
- **NO** deliveries to residential homes.
- **NO** job site deliveries.
- **NO** deliveries for WOOD orders under \$400.
- **NO** deliveries for LAMINATE order under \$400.
- We **CANNOT** deliver to shops that occasionally close during the day.

Truckload Delivery Charges

Wood/Composites/Lumber

- Orders totaling \$400- \$500 will be assessed a **Delivery Charge of \$50**
- Orders with totals greater than \$500 will have **NO Delivery Charge Applied**

Laminate/Solid Surface/Quartz/Hardware

- Laminate orders that are delivered will be assessed a **Delivery Charge of \$27**
- Solid Surface orders that are delivered will be assessed a **Delivery Charge of \$45**
- Quartz orders that are delivered will be assessed a **Delivery Charge of \$75**
- Hardware orders that are delivered will be assessed a **Delivery Charge of \$15**

Will-Call Policies

- Operating hours for Will-Call are 8am - 4pm.
- No returns after 30 days of purchase.
- No returns for Special Orders.
- Credit Card payments are welcome (there is a 2% handling charge on all credit card purchases, as we are a wholesale company, not retail).

No Minimums Required for Wilsonart Laminate/Adhesives

Plywood/Particleboard/MDF/Lumber

- **Minimum order is \$300.**
- **\$25 Handling Fee** will be applied to orders between \$200 - \$300.
- **\$50 Handling Fee** will be applied to orders under \$200.
- Sorry, no sorting through hardwood lumber or plywood is possible.

Applicant AGREES to the above Charges & Policies Applicant's Signature: ✓ _____

AGREEMENT FOR A COMMERCIAL ACCOUNT

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: 1. 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. 2. Applicant agrees to pay within thirty days of the date of the invoice for all merchandise delivered on that invoice. ("Payment Due Date") 3. 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. 4. If any amount due for any merchandise remains unpaid on the last business day of the month in which 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. 5. The late charge shall be two percent per month, equaling an annual percentage rate of twenty-four percent. 6. 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. 7. Applicant agrees that any merchandise to be returned, if approved by Aetna, Applicant will incur a restocking charge and further responsibility for shipping and handling charges. 8. 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 on this Agreement. Applicant's continued use of commercial charge account after the effective date of the amendment or change shall be deemed acceptance of the changed terms. 9. 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 being shipped on prepaid basis only. 10. 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. 11. Applicant understands and agrees that Aetna's liability of damages as a result of failure of any product shall be limited to the cost of replacement of the goods supplied, and Aetna shall not be label for any incidental or consequential damages arising therefrom. 12. Applicant agrees to submit to the jurisdiction of the Circuit Court of Cook County, Illinois. 13. Applicant and Aetna hereby waive the right to a jury trial for any claim arising from the enforcement of this agreement. 14. Applicant will pay all expenses, including reasonable attorneys' fees, incurred by Aetna in the enforcement of this agreement and the collection of any charges due thereunder. 15. 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 terms and conditions stated on pages 1 through 3 of this form. Applicant agrees that those terms and conditions govern this application for an account.

Applicant's Signature: ✓ _____ Date: _____

Print Name: _____ Title: _____



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City State Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City State Zip

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Registration number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

_____ / / _____
Purchaser's signature Date

Note: It is the seller's responsibility to verify that the purchaser's Illinois registration or Illinois resale number is valid and active.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property. Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois registration number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.

