



C. O. D. ACCOUNT INFORMATION

This form must be completed in full to establish a C. O. D. account. We require a business card or company letterhead be submitted and a photocopy of your resale certificate or you will be charged sales tax. NOTE: A \$25.00 charge will be assessed for any check returned for non-sufficient funds.

Name of Company or Individual (Customer)					Date		
Business Address					Phone Number		
City, State & Zip Co	ode			Fax N	umber		
Type of Business and Products Sold Date			shed	Email	Address		
How did you hear a	bout our company?						
List 3 Business References That You Currently Purchase From: Name Address			Phone	Phone Number			
Banking Information	on:						
Bank Name				Bank	Account Number		
Address			Phone #		Contact		
Ownership:							
Owner Name		Address		Social	Security Number		
Owner Name		Address		Social	Security Number		
	Do No	ot Write In the	Space Below				
Number	Code	Date	SM :	#	Limit		





PERSONAL GUARANTY

The guarantor represents and certifies that he or she is the beneficial owner of a direct or indirect interest in the business applying for credit and that the guarantor will receive a direct or material benefit from the proceeds of any of the debt. The undersigned guarantor hereby absolutely, unconditionally and personally guarantees to creditor the prompt payment of the debt and any other charges set forth herein. This includes all debt incurred before the date of the application and signing of this personal guaranty. In the event of default by the customer in payment of the debt or any part thereof, guarantor shall, on demand without any notice having been given to guarantor previous to such demand, pay the amount due thereon to creditor. It shall not be necessary for creditor, in order to enforce such payment by guarantor, first to institute suit or exhaust all remedies against customer or others liable on such indebtedness.

In the event it becomes necessary to assign the account balance to a licensed collection agency or attorney for legal action, guarantor as well as customer shall be liable and agrees to pay all collection charges, attorney's fees and service charges. Customer and guarantor acknowledge and unconditionally agree that should it become necessary for creditor to file suit to collect any delinquent monies due, that suit may be commenced in the Circuit Court of Kane County, IL or in the United States District Court, Northern District.

I certify that all the information on this form is true and correct and that I fully understand the foregoing terms and agree to the proper payment in consideration of extended credit.

MUST BE SIGNED BY AN OWNER, PARTNER OR OFFICER

Guarantor's Name (Please Print)	Guarantor's Signature	Date
Guarantor's Address, City and State	Guarantor's Social Security Number	

CERTIFICATE OF RESALE

In order to comply with the state and local sales tax law requirements, it is necessary that we have a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which the property is delivered.

If you are entitled to sales tax exemption, please complete the certificate below, or if you are taxable, complete the certificate, writing "TAXABLE" in the space for the tax number.

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the resale of this property to users or consumers. This certificate shall be considered a part of each order, unless such order otherwise specifies.

Purchaser's Business Name			
Address of Purchaser			
City	State	Zip Code	
DateSignature of	of Purchaser		
Certificate of Registration (Resale	Number		