

The WATSON COMPANY Inc.

*** Application For Credit ***
Box 111, 1555 320 Lane NE, Cambridge, MN, 55008-0111
(763) 689 3722 * 1 800 456 1607 * Fax (763) 689 5108

Watson Representative _____ I.D. No. _____ Date ____/____/____

Comments _____

Business Data:

Type: Sole Proprietorship Corporation Partnership School
Government: City County State Federal
Bus. Name: _____ d.b.a.: _____
Corporate I.D. Number _____ D&B Number _____

Personal Data

Applicant name: _____ Title _____
Home address: _____ City _____ State _____ Zip _____
Drivers Lic. No. _____ Soc. Sec. No. _____

PERSONAL GUARANTEE

The Undersigned does hereby personally guaranty any and all indebtedness that

NAME OF CORPORATION:

_____ may owe to The Watson Company, Inc. from time to time per the attached agreement and any other contractual obligation that said corporation may owe to The Watson Company, Inc.. Signer also agrees to pay any and all legal fees including reasonable attorney's fees and costs involved with the collection process. The Undersigned recognizes that The Watson Company, Inc. is granting credit and/or entering into the attached contract in reliance upon this personal guaranty by me.

Guarantor sign and date

Date ____/____/____

Guarantor print name _____

Current vendors offering open account:

Name	Phone
_____	() _____
_____	() _____
_____	() _____

Financial Institution:

Name: _____ Contact: _____
Phone () _____ Comments: _____
Account number _____
I authorize my financial information to be released to The Watson Company Inc.
Signature _____

Requested Terms:

High credit desired with in the above requested terms: \$ _____

* Office Use Only

Terms Approved: _____) By: _____
Approved Credit Terms entered on (date) _____ by (name) _____

New Account Setup Information

The Watson Company Inc.

Box 111, 1555 320 Lane NE, Cambridge, MN: 55008-0111 * Metro (763) 689 3722 Out State 1 800 456 1607 Fax (763) 689 5108

PLEASE PRINT

• **Rep #** _____ **Name** _____ **Submit Date** _____ **Tentative first delivery date** _____

Business Name (d.b.a.) _____ **Estab. (date)** _____

Attention: Mr. Ms. First: _____ M _____ Last: _____

Ship Address: (Street) _____ (PO) _____ (City) _____ County _____ (St.) _____ (Zip) _____
 Phone (_____) _____ Fax(_____) _____ Email _____ @ _____

Bill To Address: (Street) _____ (PO) _____ (City) _____ (St.) _____ (Zip) _____

Attention: Mr. Ms. First: _____ M _____ Last: _____

Phone (_____) _____ Fax (_____) _____ Email _____ @ _____

Type (chk) Sole Proprietorship * Corporation * Partnership * Gov. Entities: City County State Federal

• **Terms Requested** _____ **Credit App. Attached for Open Account Terms!** CIRCLE: Y N

• **PAY CODE (chk)** _____ **Statement Mail Code (chk)** _____ **Sales Tax Code (chk)** _____

- 0 _____ Salesman Collects 1 _____ Weekly Always
- 1 _____ Driver Collects 2 _____ Bi-Monthly Sometimes
- 2 _____ Mail Statement 3 _____ Monthly 6 _____ Not Mailed* Never

* If Statement Mail Code is #6
 Not Mailed - enter invoice message.
 Please pay by invoice, no statement
 will be issued. Thank You!

Customer Class: (Circle One) #1 Sub Jobber #2 Mfg. Rep./Broker #3 Office #4 Health Care #5 Construction #6 Financial

#7 Car Dealer #8 Organization #9 Church #10 Auto Repair #11 Public Utility #12 Groc./C-Store #13 Grocery Acct.

#14 Drug Store #15 School Store #16 Concession Stand #17 School Organization #18 Video #19 Theater #20 Restaurant

#21 Bar/Lounge #22 Off Sale Liq. #23 Hotel/Motel #24 Campground/Resort #25 Variety Store #26 Hardware/Feed

#28 Bar/Tackle #29 Entertainment #30 Government #32 Barber/Beauty Shop #33 I/C Vendor #34 Golf Course

#35 G/H Central Bill: #36 School Food Service #50 Coffee Route #91 Day Care

• **CALL DAY - DELIVERY SEQUENCING**

Order/Delivery Sequence Information: Will Call - Customer Pick up: _____ (chk.) Cust. Call/fax order in: _____ (chk.)

Estimated Order Frequency: Weekly Bi-Weekly Monthly Bi-Monthly Annual Semi Annual

Desired Delivery Day(s): (circle) **ANY M T W TH F** Receiving hrs: (circle) **ANY** or AM PM to AM PM

#1 Weekly Call **DAY** (Numeric) _____ **TIME** _____ - _____ #2 Weekly Call **DAY** (Numeric) _____ **TIME** _____ - _____

#1 Delivery Seq. **DAY** (Numeric) _____ **TIME** _____ - _____ #2 Del. Seq. **DAY** (Numeric) _____ **TIME** _____ - _____

Special Delivery Instructions

MAPS ATTACHED Chk _____ (One to: Driver, One to: Customer File) Comment _____

Equipment requested: Indicate type(s) of equipment desired and estimated monthly volume by "Box", "Cs." or "Dollars"

1. Type _____ Est. Mthly. Volume _____ * 2. Type _____ Est. Mthly. Volume _____

3. Type _____ Est. Mthly. Volume _____ * 4. Type _____ Est. Mthly. Volume _____

Comments _____

• **Equipment installation authorized by:** _____ Date _____

• **OFFICE USE ONLY (Final Set-Up Record)** Entered _____

1. Customer Terms Authorized: _____ By: _____

3. All other necessary information for Customer Set-Up is entered and confirmed by: _____

4. After Set Up is complete, return completed Yellow Copy to the Sales Representative assigned. Salesman may assume customer is set-up for shipment upon return of Yellow copy.

Comments: _____ CL

CHK. HERE if Form STF3 Not returned. (Customer will be charged Sales Tax)

Procedure: Salesman fill in all pertinent information. Salesman retains Pink Copy. White and Yellow copies will flow. 1. Dir. Of Sales to 2. Credit to 3. Warehouse for routing etc. to 4. Data Processing for entry to 5. Office - Original to Customer File, Yellow to Salesman to confirm set up is complete.
Credit Application: Orig. (white) copy will be filed with this form. Watson sales representative will receive yellow copy of Credit Application at the time that all credit processing is completed.
 Neither customer or Watson Company representative should assume credit terms or account are set up, until the yellow copy of forms has been returned to indicate set up is complete.

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

- Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.
- If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Please print

Name of purchaser _____		City _____	State _____	Zip code _____
Business address _____		City _____	State _____	Zip code _____
Purchaser's tax ID number _____		State of issue _____	Country of issue _____	
If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____	State of issue _____	
Name of seller from whom you are purchasing, leasing or renting _____				
Seller's address _____		City _____	State _____	Zip code _____

Type of business. Circle the number that describes your business.

<ul style="list-style-type: none"> 01 Accommodation and food services 02 Agricultural, forestry, fishing, hunting 03 Construction 04 Finance and insurance 05 Information, publishing and communications 06 Manufacturing 07 Mining 08 Real estate 09 Rental and leasing 10 Retail trade 	<ul style="list-style-type: none"> 11 Transportation and warehousing 12 Utilities 13 Wholesale trade 14 Business services 15 Professional services 16 Education and health-care services 17 Nonprofit organization 18 Government 19 Not a business (explain) _____ 20 Other (explain) _____
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Reason for exemption. Circle the letter that identifies the reason for the exemption.

<ul style="list-style-type: none"> A Federal government (department) _____ B Specific government exemption (from list on back) _____ C Tribal government (name) _____ D Foreign diplomat # _____ E Charitable organization # _____ F Religious or educational organization # _____ G Resale _____ H Agricultural production _____ 	<ul style="list-style-type: none"> I Industrial production/manufacturing J Direct pay permit # _____ K MRP exemption is no longer available repealed March 31, 2008 (electronically) L Direct mail _____ M Other (enter number from back page) _____ N Percentage exemption _____ % <input type="checkbox"/> Advertising (enter percentage) _____ % <input type="checkbox"/> Utilities (enter percentage) _____ %
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I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: if you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Sign here

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____