



9655 International Blvd.  
 Cincinnati, OH 45246  
 Phone: 513.682.8411  
 Fax: 513.682.8601  
 E-mail: Credit@totes.com

## CREDIT APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Company Website: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you release financial statements?  Yes  No

A/P Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Buyer's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### PRIMARY BANK REFERENCE

Bank Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Acct# \_\_\_\_\_ Loan# \_\_\_\_\_

### COMMERCIAL REFERENCES

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**PLEASE NOTE: Attach completed Sales Tax Resale Certificate(s) unless sales tax is to be added.**

The information listed on this application and attachments are for the purpose of obtaining business credit. I authorize my listed banks and suppliers to provide references. In the event Applicant fails to fulfill the terms of payment as specified on the invoice, or in the event that totes » Isotoner shall have any doubt at any time as to the Applicant's financial responsibility or credit standing, totes » Isotoner may decline to make further deliveries except upon receipt of cash or satisfactory security. In the event that suit is brought to enforce any provision of this agreement the prevailing party shall, in addition to any other recovery which may be awarded, be entitled to recover attorney's fees and costs of suit incurred. Past due invoices subject to late charges of 1.5% per month on unpaid balance.

Signature \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

## UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: ~~notes~~ Isotoner

Address: 9655 International Blvd., Cincinnati, Ohio 45246

I certify that:

Name of Firm (Buyer): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

AL <sup>1</sup>	MO <sup>16</sup>
AR	NE <sup>17</sup>
AZ <sup>2</sup>	NV
CA <sup>3</sup>	NJ
CO <sup>4</sup>	NM <sup>1,18</sup>
CT <sup>5</sup>	NC <sup>19</sup>
DC <sup>5</sup>	ND
FL <sup>7</sup>	OH <sup>20</sup>
GA <sup>8</sup>	OK <sup>21</sup>
HI <sup>9</sup>	PA <sup>22</sup>
ID	RI <sup>23</sup>
IL <sup>4,10</sup>	SC
IA	SD <sup>24</sup>
KS	TN
KY <sup>11</sup>	TX <sup>25</sup>
ME <sup>12</sup>	UT
MD <sup>13</sup>	VT
MI <sup>14</sup>	WA <sup>26</sup>
MN <sup>15</sup>	WI <sup>27</sup>

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

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

