



P.O.B.839 Carteret, NJ 07008
 Phone 908.436.1100
 Fax 908.436.1162

CUSTOMER APPLICATION

COMPANY			
Legal name	DBA	Date	
Billing Address	City	State	Zip
Shipping address	City	State	Zip
Phone	Fax	Parent Company	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Resale Certificate #	Year Est.
OWNERS/OFFICERS			
Name	Name	Name	
Address	Address	Address	
Phone	Phone	Phone	
E-Mail	E-Mail	E-Mail	
PRINCIPAL BANK			
Name	Phone	Contact	Acc#
TRADE REFERENCES			
Name	Name	Name	
Address	Address	Address	
Phone	Phone	Phone	
Fax	Fax	Fax	

AGREEMENT

The Undersigned Applicant agrees to pay Everflow full and prompt payment at maturity of all invoices that Everflow renders for merchandise furnished. All accounts are due and payable at the remittance address shown on the Everflow invoice. The Undersigned Applicant agrees that each of the terms and condition of sale stated on Everflow invoices shall be a term of a contract of each sale from Everflow to Applicant. Applicant acknowledge and agrees to pay promptly a 1.5% per month, 18 % per annum service charge, on all invoices not paid within 30 days of due date, as well as all collection and attorney fees should debt need to be collected by outside sources. Waiver of any one or more service charges shall not be deemed a waiver of future service charges. Applicant further agrees that with regard to such service charges and fees, Applicant and Everflow are parties to a written contract. Furthermore, Applicant expressly agrees that regardless of place of payment, all suits at law or in equity of breach of this agreement or for default in payment shall be instituted and maintained in any Court of competent jurisdiction in the applicable state. Applicant hereby expressly waives all venue rights. The terms of this agreement shall be governed by the laws in the county of Union, State of NJ and the parties agree to submit to the jurisdiction of the State of New Jersey. Applicant authorizes Everflow to obtain credit and financial information concerning Applicant at any time from any source. Applicant represents and warrants said information is true and a correct statement of its financial condition. Applicant authorizes provided references, credit reporting agencies and any third party to release credit information to Everflow and affiliates.

The Undersigned Applicant warrants the above agreement is understood and has been carefully read.

Name of Applicant	Title	X Signature
Social Security #	Tax ID #	

PERSONAL GUARANTEE

The Undersigned Guarantor (if more than one Guarantor, jointly and severally) hereby warrants and unconditionally guarantees to Everflow the full and prompt payment of all indebtedness, and liabilities of Above Customer to Everflow, including service charges. Undersigned Guarantor further agrees to waive all venue rights and pay all applicable expenses of court costs and/or collection fees paid or incurred by Everflow .

The Undersigned waives all notices and demands of any kind, and hereby consents to any agreement or arrangement made between Everflow and Customer. This guarantee should be enforceable before or after proceeding against costumer, or simultaneously therewith.

The incorporation, merger, reorganization or sale of the customer's business shall not operate as a termination of this guarantee. This Guarantee shall continue in force until notice in writing of termination sent by registered or certified mail, is received by Everflow .

The Undersigned warrants the above agreement is understood and has been carefully read.

Name	X Signature	Social Security #
Witness		Date



CUSTOMER APPLICATION

COMPANY INFO

Company Name:

Website:

Referred By:

Everflow Sales Rep:

Please check the types of business you are engaged in:

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Plumbing Supplies | <input type="checkbox"/> Industrial Supplies | <input type="checkbox"/> Hardware | <input type="checkbox"/> HVAC Supply |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Decorative Fixtures | <input type="checkbox"/> Home Center | <input type="checkbox"/> Oilfield Supply |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Kitchen/Bath Showroom | <input type="checkbox"/> OEM | <input type="checkbox"/> Other _____ |

Buyer Contact #1

Name _____

Phone _____

E-Mail _____

Check to Receive: Shipment Notifications Invoices

Buyer Contact #2

Name _____

Phone _____

E-Mail _____

Check to Receive: Shipment Notifications Invoices

AP Contact

Name _____

Phone _____

E-Mail _____

Check to Receive: Shipment Notifications Invoices

Receiving Contact

Name _____

Phone _____

E-Mail _____

Check to Receive: Shipment Notifications Invoices

Additional Email Address to send Invoices & Statement

Special Instructions

- Do you require Confirmation before shipping? Yes No
- Do you require a purchase order before shipping? Yes No
- Do you have special shipping /delivery instructions?
- _____
- _____

PLEASE PROVIDE COPY OF RESALE CERTIFICATE