



Galloup | Merlo Energy | Smith Instrument

NEW ACCOUNT FORM

Please complete **BOTH SIDES** of this form including all mailing addresses and telephone numbers.

***INDICATES REQUIRED FIELDS**

* Company Name and Address

Phone: _____

Are you a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, required
*Owner's Name:
*Owner's Address:
*Social Security #:
*Date of Birth:

* Shipping Address (if different)

Fax: _____

Email: _____

*AP Contact _____

*Initial Anticipated Monthly Purchases: \$ _____

*Date Business Started _____

*Type of Business: _____

D&B Number: _____

Trade References

#1

Phone: _____

Fax: _____

#2

Phone: _____

Fax: _____

Bank Reference

Bank Account Officer: _____

*Account # _____

*ABA Routing # _____

Phone: _____

Fax: _____

*Do you want a statement? Yes No (Please check one)

Galloup Company (Galloup.com)
 Ann Arbor Kalamazoo Toledo
 Battle Creek Lansing Warren
 Grand Rapids Manistee

Smith Instrument (SmithInstrument.com)
 Grand Rapids
 Midland
 Warren

CREDIT AUTHORIZATION POLICY

The undersigned company representative authorizes Galloup Company (Galloup) to make the necessary inquiries with the above named sources to open an account. You agree that payments will be made within the terms stated on our invoice(s) and that unpaid balances thirty (30) days or older will be considered "past due". These past due balances will be assessed a finance charge of one and one half percent (1.5%) per month, annual percentage rate eighteen percent (18%). You agree to pay any legal or collection fees necessary to collect monies due. The Applicant for credit acknowledges that the Credit application will be processed in Knox County, Tennessee and consents to venue in Knox County, Tennessee in the event a dispute should arise on an open account established with Galloup. By signing below, you expressly agree that all purchases from Galloup are governed by Galloup's standard Terms and Conditions of Sale (which are available in full at www.kendallelectric.com/tandc.asp or by calling 800-632-5422), and agree to be bound by those Terms and Conditions of Sale regardless of any additional or different terms contained in any documents you submit to Galloup, including a purchase order.

Required (Includes COD Account)

Company Name: _____
Signature: _____ Printed Name: _____
Title: _____ Date: _____

CREDIT REPORT AUTHORIZATION

Required for New Business

The undersigned hereby consent(s) to Galloup Company (Galloup) use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Galloup 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 this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Principal/Proprietor/Guarantor _____ Date _____ SS# _____

SALES TAX EXEMPTION CERTIFICATE

The undersigned hereby certifies that all merchandise purchased from Galloup Company shall be as follows:
Check applicable box for the company you are exempt with:

- GALLOUP CO/Smith/Merlo SECO
- Exempt from Sales and Use Tax by reason of the following:
- For Resale – Must provide sales tax license copy Sales Tax Number _____
 - For Industrial Processing
 - Exempt Charitable, Religious or Educational Institution
Copy of 501 (C) Required Applicable State _____
 - Other _____

The certificate shall be considered a part of each and every order. In the event any of your purchases are subsequently held to be taxable, the undersigned agrees to reimburse Galloup Company for the amount of taxes and penalties involved. This certificate shall remain in effect until revoked in writing by either party.

Company Name _____
Authorized Signature _____ Title _____ Date _____

BRANCH _____	MGR APP _____	INTERNAL USE ONLY	
OS PVF _____	OS SM _____	Prc Ty _____	Prc Lvl _____
MED _____	PED _____	FLS _____	
NAICS# _____	Cust Ty _____	CR Limit: _____	(Credit Mgr ONLY)