

Acct # _____
Date _____
Salesman _____
Pmnt Metod _____

Customer Profile /Agreement

For Non-Credit Accounts

Business Information

Company Name _____
DBA _____ Fed ID# _____
Contact Name _____ Phone # _____
Email: _____ Mobile # _____
Registered Company Address _____
Mailing Address if different _____
Tax Exempt _____ State _____ PA residents - select if applicable

Applicable Sales Tax Exemption form must be received. By NJ law only Resale and Lawn Care Applicators may apply for exemptions.

Billing Contact _____ Phone # _____
Billing Email : _____

Licensing - Must Include Copy

Pesticide Applicator License # _____ State _____ Exp _____
OR
Dealers License # _____ State _____ Exp _____

Payment Method

This information is required to make payments with a check.
If not completed account will default to accept cash or credit card only.

Owner's Name _____
Drivers License # _____ State Issue _____
Must Include Copy
Company Type - (Select One) _____ Sole Prop. _____ LLC _____ C Corp _____ S Corp.
SSN OR EIN # _____
(Must provide one)

Primary Shipping Information (Ship-To)

Street Address:		Choose One :	Van	Flatbed
		Have Loading Dock :	Yes	No
City		Need Piggyback:	Yes	No
		Have Fork Lift :	Yes	No
State	Zip	Have Pallet Jack :	Yes	No
Shipping Contact :	Truck Requirements			
Mobile No.		Tractor Trailer (68 ft.)	Yes	No
Other No.		Rack (42 ft.)	Yes	No
Receiving Hours :		Box Truck (37 ft.)	Yes	No
Additonal Info :				

Company Policy Agreement

- I. If Reed & Perrine Sales, Inc. at their sole discretion refers your account to an attorney for the purpose of collection, you will pay Reed & Perrine's actual court costs and attorney fees equal to 33.34% of the total outstanding balance. I agree that this is a reasonable amount of attorney fees.
- II. I/we agree that this contract shall be governed by New Jersey Law and we consent to jurisdiction of all disputes in the Superior Court of NJ, Monmouth County Law Division.
- III. In the event that goods are returned, with prior approval, I/we agree to pay a 10% restocking charge. Anchor products are charged a 25% restocking charge with prior approval.
- IV. In the event that a check is returned, I/we agree to pay a service charge.

I/we certify that I/we are principal(s) in the business listed herein and own or control at least fifty (50%) percent interest in said business.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. The undersigned has read and agreed to all the terms herein:

Signature

Owner/Officer _____

Date _____

Print Full Name _____

Title _____

Print, Sign and Return via : Fax 732-446-1344 OR Email : office@reedandperrine.com

For Office Use

Sales Tax Form Rcvd

Drivers License Copy Rcvd.

Pesticide License Rcvd

Apprvd Pmt Methods

___Ca___

___CC___

___Check