

Account Management Setup Form

Company Profile

(Contact information is for internal use only)

Company Name: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Main Contact: _____

Email Address: _____

Phone Number: _____

Accounting Contact: _____

Email Address: _____

Phone Number: _____

Customer Service Contact: _____

Email Address: _____

Phone Number: _____

E-mail Notification

| | Email Address | Yes | No |
|----------------------------------------------|---------------|--------------------------|--------------------------|
| Set up for PO & Shipment E-mail Notification | | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic Invoicing | | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic Ship Report | | <input type="checkbox"/> | <input type="checkbox"/> |

3451 Jupiter Court,
 Oxnard, CA 93030
 TFP Phone: (800) 482-9367 Apex Phone: (800) 354-2739
 Fax: (805) 981-7161

Please return the original of this form to :

Account # _____

CREDIT MANAGER

PLEASE PRINT OR TYPE ANSWERS TO THE QUESTIONS BELOW

BILLING INFORMATION

Firm Name: _____

Attention: _____

Street Address: _____

Mail Address: _____

| | | | |
|-------------|--------------|-------------|------------|
| City: _____ | County _____ | State _____ | Zip: _____ |
|-------------|--------------|-------------|------------|

| | | |
|---------------------------------------|------------------------|------------|
| Sales Tax Identification Number _____ | Telephone Number _____ | Ext. _____ |
|---------------------------------------|------------------------|------------|

| | |
|---------------------|------------------|
| Email Address _____ | Fax Number _____ |
|---------------------|------------------|

Website: _____

Other dealer information or shipping instructions _____

GENERAL INFORMATION

Month & Year Business Established _____

If this is a new firm, have principals had previous experience in form sales ? _____

With what firm ? _____ Where ? _____

Principals Names & Titles

Proprietorship

Partnership

LLC

Corporation

State Of Incorporation : _____

Branch

Subsidiary of Another Company

Name of Parent or Home Office _____

Address of Parent or Home Office _____

REFERENCES (Name, address and telephone number)

BANK
Address _____

Telephone # _____ Fax # _____

BANK
Address _____

Telephone # _____ Fax # _____

SUPPLIER _____ Acct # _____
Address _____

Telephone # _____ Fax # _____

SUPPLIER _____ Acct # _____
Address _____

Telephone # _____ Fax # _____

SUPPLIER _____ Acct # _____
Address _____

Telephone # _____ Fax # _____

Please Provide Financial Statement

Please complete and sign

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that the information in this credit application is correct. The information in this credit application is for the use of Complyright Distribution Services Inc. in determining the amount and conditions of credit to be extended. I understand that the company may also utilize other sources of credit information it considers reliable in making this determination. Further, I hereby authorize the bank and supplier references listed in the credit application to release the information necessary to assist the company in establishing a line of credit. A 1-1/2% per month finance charge on all past due accounts, and further agree to pay any reasonable court or attorney-cost involved in collection of this account. Buyer shall not change any of the terms and conditions contained in this credit application unless seller agrees in writing. Seller can end credit terms and switch to cash terms upon buyer default.

FIRM NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

SIGNATURE _____

DATE _____

TITLE _____

Signed : _____

Print Name : _____

Title : _____

Date : _____

Number of outside sales People: _____

Total number of employees: _____

Listed with Dunn & Bradstreet ? _____

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: _____
 Address: _____

I certify that:

Name of Firm (Buyer): _____
 Address: _____

is engaged as a registered

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Wholesaler |
| <input type="checkbox"/> | Retailer |
| <input type="checkbox"/> | Manufacturer |
| <input type="checkbox"/> | Seller (California) |
| <input type="checkbox"/> | Lessor |
| <input type="checkbox"/> | 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 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:

| State | State Registration, Seller's Permit, or ID Number of Purchaser | State | State Registration, Seller's Permit, or ID Number of Purchaser |
|-------|----------------------------------------------------------------|-------|----------------------------------------------------------------|
| AK | _____ | MT | _____ |
| AL | _____ | NC | _____ |
| AR | _____ | ND | _____ |
| AZ | _____ | NE | _____ |
| CA | _____ | NH | _____ |
| CO | _____ | NJ | _____ |
| CT | _____ | NM | _____ |
| DC | _____ | NV | _____ |
| DE | _____ | NY | _____ |
| FL | _____ | OH | _____ |
| GA | _____ | OK | _____ |
| HI | _____ | OR | _____ |
| IA | _____ | PA | _____ |
| ID | _____ | RI | _____ |
| IL | _____ | SC | _____ |
| IN | _____ | SD | _____ |
| KS | _____ | TN | _____ |
| KY | _____ | TX | _____ |
| LA | _____ | UT | _____ |
| MA | _____ | VA | _____ |
| MD | _____ | VT | _____ |
| ME | _____ | WA | _____ |
| MI | _____ | WI | _____ |
| MN | _____ | WV | _____ |
| MO | _____ | WY | _____ |
| MS | _____ | | |

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: _____
 Title: _____
 Date: _____