



PROCESSING OF YOUR APPLICATION FOR OPEN ACCOUNT

The Application and Terms & Conditions pages are LEGAL DOCUMENTS. As such, particular information is needed in the appropriate sections including complete signature blocks with appropriate signatures:

1. **Owner/Officer signatures are required ON BOTH PAGES and in the appropriate blocks. Please complete the signature block on both the Application and the Terms & Conditions pages (Printed Name, Title, Date and Signature). Acceptable signatures are: President, Vice-President, CEO, CFO, COO, Sec’y/Treasurer, Controller, or Owner/General Partner if non-incorporated.**
2. **Please fill in the entire top section up to and including Owner/Officer names/titles. List A/P contact person, and if A/P has separate phone and/or fax numbers, please include them as well. Please enter any information that is not contained in your Company Data/Information sheet.**
3. **If you are requesting Tax-Exempt status on your account, please include a signed California Resale Certificate form completely filled out with the complete 12-13 alphanumeric Number (a copy of the California Seller’s Permit is not acceptable per the State Board of Equalization). In the form it must be stated the types of products you intend to purchase, such as: “fasteners and hardware,” “strut and fittings,” “tools and accessories,” or any combination of such words/phrases. The certificate must also be dated and signed. If not all of your orders are tax exempt, then you must mark that on this form and must notify us on each order as to the sales-tax status.**
4. **If the business is less than 36 months old, please list the previous employer and position for each principal.**
5. **If the business is not incorporated, please list the residence address(es) for each principal (owner/general partner). If the business is a Limited Partnership or a LLC, please list the partners, including the General Partner.**
6. **Alterations of our Terms & Conditions are not allowed. If there is an issue or question, please call our Admin Office and speak with one of the officers prior to sending to us.**

If there are any questions or issues with our application process, please contact our Admin Office at 1-650-777-4210/ph or 1-650-777-4215/fax.

Once we receive the two Application/T&C pages with the complete and correct data, we can then begin to process your application for open account. Thank you for your cooperation!



APPLICATION & AGREEMENT OF TERMS & CONDITIONS FOR CREDIT

1-650-777-4210/ph
1-650-777-4215/fax

YOUR ACCOUNT WILL BE REVIEWED FOR CREDIT ONLY AFTER:

- 1) This form is completely filled out.
- 2) Terms & Conditions (on reverse side) have been reviewed.
- 3) **Signature block at bottom is completed (and on reverse when applicable).**
- 4) We are in receipt of an acceptable signed copy of this application.

OFFICE USE ONLY

CUST. BILL TO #	CUST. SHIP TO #	ALPHA CODE	SLSMN	LIMIT	CUST. TYPE	APPROVAL DATE	APPROVED BY
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COMPLETE ALL UNSHADED AREAS BELOW

(Buyer)
FIRM NAME _____ PHONE: _____ FAX: _____ CONTACT _____

IF RENEWING EXISTING CREDIT LINE, COMPLETE FIRM NAME AND SIGNATURE BLOCK ONLY.

DIVISION SUBSIDIARY OF _____ CITY _____ ST _____ ZIP _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

SHIPPING ADDRESS _____ CITY _____ ST _____ ZIP _____

RESALE TAXABLE COUNTY OF TAX _____ RESALE # _____ (SIGNED RESALE CARD REQUIRED)

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____ EXT. _____ TITLE _____

NATURE OF BUSINESS: _____ # YEARS IN BUSINESS _____ # YEARS AT PRESENT LOCATION _____

If in business less than 36 months, or change of name in past 36 months, list previous name and reason for change. _____

TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION, STATE OF _____

IF SOLE PROPRIETOR/PARTNER, LIST NAMES	IF UNINCORPORATED, PERMANENT RESIDENCE ADDRESS OF PROPRIETOR/PARTNER(S) MUST BE COMPLETED.
1) _____	_____
2) _____	_____
3) _____	_____

IF CORPORATION, LIST OFFICERS

PRES. _____ SECY. _____

V.P. _____ TRSR. _____

BANK _____ ADDRESS _____ PH () _____

ACCT# _____ SINCE _____ CONTACT _____

REFERENCES: We must have **four (4) product vendor** references with whom you have **current monthly activity** for more than **one (1) year**. We reserve the right to limit, refuse or rescind a line of credit based on the information we receive, or for non-adherence to our Terms & Conditions.

#	VENDOR NAME VENDOR ADDRESS	PHONE # CONTACT
1		
2		
3		
4		

OFFICE USE ONLY				
SINCE	TERMS	BALANCE	HIGH	PAYS

The signature in this block is construed to be from an OWNER/OFFICER AS AUTHORIZED AGENT of the Buyer, and shall act as an authorization for release of Bank and Trade-Reference information and a legally binding acceptance of the LANDMANN WIRE ROPE PRODUCTS, INC. controlling TERMS & CONDITIONS. Buyer agrees that one signature and a signed photocopy or facsimile of this Application & Agreement shall serve as an original document and be legally binding on the Buyer.

_____ **X** _____ _____ _____
 PRINT OR TYPE NAME (OWNER / OFFICER) SIGNATURE TITLE DATE

