



4901 N. Beach St. Suite 200
Fort Worth, TX 76137
Toll-Free: 866-316-7337
FAX 817-222-9950

The undersigned company is applying for an account with Re-Source Industries Inc. and agrees to abide by the standard terms and conditions of Re-Source Industries, Inc. as printed in this document. The information provided will be considered in determining the applicants' qualification as a Wholesale customer.

Company name _____ DBA (if different) _____
Owner: _____ Phone _____ FAX _____
EMAIL address: _____ Authorized Purchasers _____

Billing Address: _____ City _____ State _____ Zip _____ Country _____ Postal Code if out of US _____ Accts. Payable Contact/Email _____	Shipping Address: _____ City _____ State _____ Zip _____ Country _____ Postal Code if out of US _____ Purchasing Email _____
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Type of Business _____ No. of Employees _____ Date Business Established _____

Federal Tax ID or SSN _____ Tax exempt? Yes No (Due to NEW Nexus sales tax rules we must require either a sales tax resale certificate or a sales tax exemption certificate to be on file or attached to this application or sales tax will be charged to your account when payable to your state's taxing authority.)

Credit Card - For companies not applying for terms (Please fill out CC Authorization on Page 2)

E-MAIL address for invoice delivery: _____ Note: Invoices will be sent from admin@re-sourcind.com.

PO Required? Yes No

Applying for Terms? Yes Credit Line Requested \$ _____

Please select default payment method if terms are extended: EFT (Your company initiates the funds transfer; See page 3)

ACH (Re-Source initiates the funds transfer; See page 4); Check;

Have you ever had credit with us before? Yes No If yes, under what name? _____

Access to the Pro Section on our website www.re-sourceind.com: Please choose a User Name and we will qualify you to access our site:

DESIRED USER NAME: _____ When qualified to access our site, a temporary password will be emailed to you. We only sell to garage door professionals.

<input type="checkbox"/> CORPORATION State of Incorporation _____ Names, titles, and addresses of three Primary Corporate Officers _____ _____ _____ Name and address of your resident agent _____	<input type="checkbox"/> PARTNERSHIP Names & Addresses of the Partners: _____ _____ _____ <input type="checkbox"/> SOLE PROPRIETORSHIP
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DOOR & OPERATOR INDUSTRY TRADE REFERENCES (Please provide information for all 5 companies.)

Name _____ City _____ State _____ Phone _____ FAX _____

Name _____ City _____ State _____ Phone _____ FAX _____

Name _____ City _____ State _____ Phone _____ FAX _____

Name _____ City _____ State _____ Phone _____ FAX _____

Name _____ City _____ State _____ Phone _____ FAX _____

BANK REFERENCES (FOR NET 30 ACCOUNTS) PLEASE INCLUDE BANK CONTACT AND FAX NUMBERS FOR FASTER PROCESSING

Bank Name: _____ Account # _____
Phone _____ FAX _____ Contact _____

I represent that the above information is true and is given to induce Re-Source Industries Inc. to extend an account to the applicant. My company and I authorize Re-Source Industries Inc. to make such credit investigation as Re-Source Industries Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Re-Source Industries, Inc. any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____ Printed name: _____ Title: _____ Date: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Invoices are sent on the day an order is shipped to the customer by the company. If Payment terms are established, the terms are Net 30 days After Date of Invoice, (ADI). All invoices become payable in full on the due date of the invoice. All invoices not paid within 30 days of the date of the invoice are considered past due. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.



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CREDIT CARD INFORMATION

Company Name _____ City _____ ST _____

Card Type: VISA MASTERCARD AMEX DISCOVER

CARD # _____ EXP DATE _____ V-Code _____

(V Code is the 3 digit code on back of Visa, MC, Discover; 4 digits on the front of AmEx cards)

Name as it appears on card _____

Billing Address for Card _____

City _____ State _____ Zip _____ Country _____ Postal Code if out of US _____

Tel # _____ FAX # _____

Re-Source Industries is hereby authorized to charge the above credit card account for amounts equal to the invoiced amounts for shipments against Purchase Orders placed by representatives of the above company. Authorization must be re-confirmed at the time each Purchase Order is placed with Re-Source. Authorization may be withdrawn at any time at the request of the authorized cardholder.

Authorized Signature _____ Date _____

Also please fill out the authorization to charge below. This will be kept on file and the top section destroyed after being placed in the credit card authorization vault.



AUTHORIZATION TO CHARGE

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Company Name _____ City _____ ST _____ Acct # _____

Last 4 Digits of Authorized Card _____ Card Type: VISA MASTERCARD AMEX DISCOVER

Name as it appears on card _____

Re-Source Industries is hereby authorized to charge the above credit card account for amounts equal to the invoiced amounts for shipments against Purchase Orders placed by representatives of the above company. Authorization must be re-confirmed at the time each Purchase Order is placed with Re-Source. Authorization may be withdrawn at any time at the request of the authorized cardholder.

Authorized Signature _____ Date _____



What method to pay – EFT or ACH?

EFT – Electronic Funds Transfer: Customer initiates a transfer from their bank to Re-Source Industries Inc.'s bank and submits a remittance statement to our accounting department. If you choose this option, please email our accounting department at ashockey@re-sourceind.com or call 817-222-0060.

ACH – Authorization for Electronic Funds Transfer: Customer authorizes Re-Source Industries Inc. to withdraw funds from their bank by completing this authorization form.

ACH- Authorization for Electronic Funds Transfer

Company Name: _____

Street address: _____ City: _____ State: _____ Zip code: _____

Phone: _____

Banking information

Name of Bank: _____

Account holder's name (as it appears on account):

Type of account (check one) Checking Savings

Bank Routing number (must be 9 digits) _____

Bank account number _____

Authorized signature: _____ Date: _____

Printed name: _____ Title: _____

Email address to send payment confirmation: _____

I, We (customer) _____ representing _____

authorize Re-Source Industries Inc. to initiate debit entries from my/our bank account indicated above. If necessary, a credit entry could be made by Re-Source Industries Inc. to correct any erroneous overpayment to the account. This authority is to remain in effect until Re-Source Industries Inc. has received written notification of termination from customer.