



PLEASE RETURN the
completed form along with
applicable Tax Exemption
Certificates to: ARY
Fax # 913-214-4994

Company Name: _____

Contact: _____

Fax #: _____

Trade Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Website: _____

Type of Organization (circle one): **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **FRANCHISE**

TYPE OF BUSINESS: _____ **# OF EMP:** _____ **ANNUAL SALES:** _____

Dun & Bradstreet #: _____ Incorporated in the State of: _____

OFFICERS OF THE CORPORATION, PARTNERS, OR OWNER:

Name: _____

Home Address: _____

Home Phone #: _____

Soc. Sec. #: (optional) _____

BILLING INFORMATION

EDI required (circle one): YES / NO How would you like to receive your invoices (circle one): U.S. Mail / Email

Corporate / Partnership Name: _____

Billing Address: _____

Telephone #: _____

Email Address: _____

CREDIT LINE DESIRED \$ _____

TYPE OF ACCOUNT APPLYING FOR:
(Circle all that apply)

CIA
Cash In Advance

C/C
Credit Card

CHG
Charge

Business Name: _____

Address: _____

Address 2: _____

City/State/Zip: _____

Business Phone #: _____ Fax #: _____

Buyer Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

ORDER CONFIRMATIONS TO BE SENT BY FAX OR EMAIL TO THE FOLLOWING:

Accounting Contact: _____

Phone #: _____ Fax #: _____

Email Address: _____

FED. TAX ID #: _____

****COPY OF RESALE SALES TAX EXEMPTION CERTIFICATE REQUIRED****

****If purchases are exempt from state and local tax, please submit a copy of your signed Sales & Use Tax Exemption certificate. ARY, INC. is required by law to collect state and local tax in Missouri, Kansas, Nebraska, Iowa, Michigan, and Florida. If you are in or shipping to these states you will be required to supply an exemption form for that state or pay the required tax.**

SHIP COMPLETE (circle one): YES / NO

ACCEPT BACKORDERS (circle one): ALWAYS / NEVER / SOMETIMES

FOB (circle one): 3RD PARTY / COLLECT / PPD

SHIP VIA: _____ ACCOUNT #: _____

MAIN SHIP TO ADDRESS: #0001

NAME: _____

ADDRESS: _____

ADDRESS 2: _____

CITY/STATE/ZIP: _____

PHONE #: _____

***PLEASE ATTACH A SEPARATE PAGE FOR ANY ADDITIONAL SHIP TO ADDRESSES**

FOR OFFICE USE ONLY:

ORDER PENDING: _____

AMOUNT: \$ _____

FOR OFFICE USE ONLY:

REP #1: _____

REP #2: _____

SERVICE REP #: _____

INDUSTRY TYPE: RTL CUTLERY VACU COMM

MAIN LOCATION: 9001 90 92 94

PRICE CLASS: _____

MANAGER APPROVAL: _____

W - ACCOUNT: YES NO

CREDIT REFERENCES:

1. Name: _____
Address: _____
City, State, Zip: _____ Phone #: _____
2. Name: _____
Address: _____
City, State, Zip: _____ Phone #: _____
3. Name: _____
Address: _____
City, State, Zip: _____ Phone #: _____

BANK REFERENCE:

Name: _____
Address: _____
City, State, Zip: _____ Phone #: _____
Account #: _____
BANK CONTACT NAME / PHONE #: _____

A signature is required for terms and conditions in order to process your credit application.

ARY TERMS AND CONDITIONS**ARY TERMS ARE NET 30 DAYS.**

I, _____, AUTHORIZE ARY, INC. TO INVESTIGATE THE REFERENCES LISTED, AS WELL AS ANY OTHERS DEEMED PRUDENT BY ARY, INC. PERTAINING TO OUR CREDIT AND FINANCIAL WORTHINESS. I UNDERSTAND THE NET 30-DAY TERM AND AGREE TO PAY IN FULL ACCORDING TO THESE TERMS.

PRINT NAME _____ DATE _____

SIGNATURE _____

PERSONAL GUARANTY: (OPTIONAL, BUT MAY BE REQUIRED)

As an inducement to sell merchandise and extend credit, the undersigned, and each of them, do hereby jointly and severally guarantee the prompt payment of any indebtedness which may, at any time and from time to time, be incurred to ARY, Inc by the forenamed purchaser.

PRINT NAME _____ DATE _____

SIGNATURE _____

PRINT NAME _____ DATE _____

SIGNATURE _____