

Application for Open Account with

P.O. Box 562, 55 Marsh Hill Road
Orange, Connecticut 06477
Phone: 203-891-2100 / 800-922-6522
Fax: 203-795-6875



Office Use Only:
Account # _____
Permit # _____

SALESMAN _____
DATE _____

TRADE NAME _____ TELEPHONE _____

ADDRESS _____ CITY: _____ ZIP: _____ OWN _____
RENT _____

BACKER'S NAME _____ PERMITTEE'S NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ ZIP _____ CITY _____ ZIP _____

SOCIAL SECURITY # _____ SOCIAL SECURITY # _____

PHONE NUMBER _____ PHONE NUMBER _____

If a Corporation: Names & Addresses of Officers:

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

SOCIAL SECURITY # _____

SPOUSE'S NAME _____

SOCIAL SECURITY # _____

PHONE NUMBER _____

If not a Corporation: Names & Home Addresses of Owners:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

SOCIAL SECURITY # _____

SPOUSE'S NAME _____

SOCIAL SECURITY # _____

PHONE NUMBER _____

BANK REFERENCE: _____

ADDRESS _____

Credit References (names and addresses):

Guaranty of Payment

It is agreed and understood that terms of sale shall be Net 30 days from date of invoice. It is further agreed that if said account is turned over for collection, reasonable attorney's fees, interest and/or costs of collection shall be added to the unpaid balance, whether or not legal action is instituted.

The undersigned does hereby voluntarily and knowingly waive its right to a notice and hearing under Sections 52-278a to 52-278g inclusive of Conn. General Statutes so that in any action upon a commercial transaction commenced by Dichello Distributors, Inc. against the undersigned, Dichello Distributors, Inc. may obtain an ex parte prejudgment remedy (attachment, garnishment and/or replevin, etc., as defined in said Statutes).

In consideration of opening an account in the name of said company, I hereby individually guaranty all bills to said account, agree to be bound by the terms and conditions of the application and authorize Dichello Distributors, Inc. to bill said company directly until such time as I am released from personal responsibility in writing from Dichello Distributors, Inc.. It is further agreed that if said account is turned over for collection, reasonable attorney's fees, interest and/or costs of collection shall be added to the unpaid balance, whether or not legal action is instituted and I will be legally responsible for said referenced collection costs in addition to the underlying debt and interest. This guaranty and the rights and obligations of the undersigned shall be governed by and construed and enforced in accordance with the laws of the State of Connecticut.

By signing this Guaranty of Payment, I hereby authorize Dichello Distributors, Inc. to run a credit check, using my social security number, with a credit agency as part of this Application for Open Account.

SIGNATURE: _____ **DATE:** _____

NAME: (printed) _____ **SOCIAL SECURITY #:** _____

SLMN #



ACCT #

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

I certify that Name of Firm (Buyer)

is engaged as a registered

Street Address or P.O. Box No.

City

State

Zip

- () Wholesaler
- () Retailer
- () Manufacturer
- () Lessor
- () 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 to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....
.....

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

I further certify that if any property 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 direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature

(Owner, Partner or Corporate Officer)

Title

Date