

For partnerships, and member access, **please fill and print out** the following form completely, and return to USA-CLEAN, Inc. by fax at 217.877.4086  
All information provided is considered confidential, and is used for the sole purpose of evaluating your access request. USA-CLEAN, Inc. will not sell, rent or disclose this information to any third party.

Form # 8008



## USA-CLEAN, Inc. Credit Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Ship To: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Corporation: \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_

Are you Sales Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*If yes, COPY OF EXEMPTION CERTIFICATE MUST BE ATTACHED\*\*\***

Name of Buyer: \_\_\_\_\_

Accounts Payable Supervisor: \_\_\_\_\_

Name of Financial Officer: \_\_\_\_\_

Form of Payment: Check \_\_\_\_\_ Credit Card \_\_\_\_\_ EDI / EFT \_\_\_\_\_ Other \_\_\_\_\_

Annual Report/Financial Statement Attached? Yes \_\_\_ No \_\_\_ Sales for year: \_\_\_ \$ \_\_\_\_\_

### **TERMS: ON APPROVED CREDIT ONLY**

USA-CLEAN, Inc. terms are Net 30 days from invoice date. Past due invoices will be subject to a monthly 1 1/2% service charge. Should the account be placed for collection with an outside collection agency or attorney, the cost of such collections will be added to the principal amount owing.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #'s: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Prospective Dealer Service Information**

Does the Company have service capabilities? Yes \_\_\_ No \_\_\_

**TRADE REFERENCES:** (Your preprinted sheet to attach is acceptable) **\*\*must be completed\*\***

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**USA-CLEAN, Inc. Internal Use Only**

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Date Received: \_\_\_\_\_ Credit Analyst: \_\_\_\_\_ Credit Line \$: \_\_\_\_\_

Opening Order Attached? Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_

**UNIFORM SALES & USE TAX CERTIFICATE  
MULTIJURISDICTION**

Issued to Seller: \_\_\_\_\_  
Address: \_\_\_\_\_

I certify that: \_\_\_\_\_ is engaged as a registered:  
Name of Firm (Buyer): \_\_\_\_\_ Wholesaler \_\_\_\_\_  
Address: \_\_\_\_\_ 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 business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of products to be purchased from the seller: \_\_\_\_\_

State	State Registration or ID No.	State	State Registration or ID No.
AL	_____	NE	_____
AR	_____	NV	_____
CO	_____	NM	_____
DC	_____	ND	_____
GA	_____	OK	_____
HI	_____	RI	_____
ID	_____	SC	_____
IL	_____	SD	_____
IA	_____	TN	_____
KS	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____
MO	_____	WY	_____

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 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 cancelled 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: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This form of certificate has been determined to be acceptable by the above states.



To Whom it May Concern:

I/We have made application to USA-CLEAN, Inc. for "Open Account" shipping of the product line they distribute.

In this regard, I/We authorize USA-CLEAN, Inc. to investigate the credit references we have submitted, and for our credit references to release information pertaining to My/Our credit and financial responsibility.

Company Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_

### Continuing Personal Guarantee

To USA-CLEAN, Inc: In the event his account is not paid when due, demand can be made directly upon the undersigned.

Corporation: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Driver's Licence No.: \_\_\_\_\_ State: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**BLANKET EXEMPTION CERTIFICATE  
SALES AND USE TAX**

ILLINOIS

Date: \_\_\_\_\_

This is to certify that all material, merchandise, or goods purchased by the undersigned from USA-CLEAN, Inc. is purchased for the following purposes:

- \* Resale as tangible personal property.
- \* Resale at wholesale.
- \* To be incorporated as a physical component part of other tangible personal property to be sold by the undersigned.
- \* Other: \_\_\_\_\_  
(If other is selected, MUST specify)

The purchaser assumes all liability for payment directly to the taxing authority of any sales, use or occupation tax if he uses or consumes the property hereto purchased in such a way as to render the sale subject to tax.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY AND SIGNED:

Name of Company (or Purchaser) _____		Signature _____
Address _____		Title _____
City _____	State _____	Zip _____
Purchaser Registration Number _____		

Return these forms to:  
USA-CLEAN, Inc.  
4960 N. Brush College Rd.  
Decatur, IL 62526-9766

or fax to 1(888)USA-CLEAN