

VON DREHLE CORPORATION

612 3rd Avenue, NE Hickory, North Carolina 28601-5164

(828) 322-1805

(800) 438-3631

FAX (828) 322-4145

"Integrity is our most important asset."

CREDIT APPLICATION (PLEASE PRINT OR TYPE)

FIRM NAME _____ PHONE (____) _____

FEDERAL IDENTIFICATION # _____ FAX (____) _____

ADDRESS - BILL TO _____

ADDRESS - SHIP TO _____

E-MAIL ADDRESSES OF KEY EMPLOYEES _____

PROPERTY: _____ OWNED MORTGAGE HOLDER OR LESSOR _____

_____ LEASED PHONE NUMBER (____) _____

FORM OF BUSINESS _____ PARTNERSHIP _____ PROPRIETORSHIP _____ CORPORATION IN STATE OF _____

_____ LIMITED LIABILITY COMPANY _____ OTHER _____

LIST ALL OWNERS. IF PROPRIETORSHIP, PARTNERSHIP, OR LLC -- LIST HOME ADDRESSES AND SOCIAL SECURITY NUMBERS

1. NAME _____ 2. NAME _____ 3. NAME _____

SS # _____ SS # _____ SS # _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

HOW LONG ESTABLISHED _____ ACCTS.PAYABLE CONTACT _____

ARE YOU RELATED TO ANY OTHER COMPANIES: _____ NO _____ YES COMPANY NAME _____

IS THIS A SUBSIDIARY _____ IS THIS A DIVISION _____

IS THE COMPANY A MEMBER OF A BUYING GROUP? _____ NO _____ YES IF SO, WHICH GROUP? _____

CREDIT REFERENCES

Please provide references with credit limits at or above \$10,000.00

COMPANY STREET ADDRESS CITY/STATE/ZIP

1. _____

PHONE _____ FAX _____

2. _____

PHONE _____ FAX _____

3. _____

PHONE _____ FAX _____

4. _____

PHONE _____ FAX _____

5. _____

PHONE _____ FAX _____

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TERMS & CONDITIONS

To establish credit with von Drehle Corporation, we request that the customer complete and sign our credit application and agreement. This information will be used exclusively by and will be held in confidence with the company. The undersigned warrants the information on the credit application and agreement to be true. All invoices are due and payable in accordance with the terms of sale. These terms are 1%/15 / NET 21 unless otherwise noted in writing. von Drehle Corporation may require payment in advance, or other payment arrangements if an account becomes delinquent, or a customer's credit investigation precludes the extension of credit under normal terms and conditions. No payment deductions will be accepted under any conditions without prior written approval. No returns will be accepted without prior written approval.

AGREEMENT

We herein make application to von Drehle Corporation for credit. If credit is granted we agree to pay all bills when mandated. In the event payment is not made and this account is referred to a collector for collection, we agree to pay all costs of collection. Applicant also understands that interest on the unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that all billing, accounts receivable, and credit functions of this firm are processed through headquarters in Catawba County, NC. Consequently it is understood that in the event of suit or action, same shall take place in Catawba County, NC. Applicants give their permission to von Drehle Corporation to verify the information stated herein. We hereby authorize the credit references listed on page 1 of this credit application and the bank listed below to release information pertinent to the establishment of a line of credit. By signing this agreement, I understand that a faxed or emailed copy of this application shall be equivalent to the original for all purposes.

AUTHORIZED SIGNATURE: _____
(MUST BE OFFICER OR PARTNER)

PLEASE PRINT OR TYPE NAME: _____

TITLE: _____

SOCIAL SECURITY NUMBER _____ DATE: _____

BANK _____

ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____

CHECKING ACCOUNT NUMBER _____

IS THIS A BORROWING RELATIONSHIP? _____ YES _____ NO

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AUTHORIZATION

By my signature below, I authorize the release of banking information to the von Drehle Corporation.

Signature

Date

Please print name

Title

Company Name

City, State, Zip

****THE FOLLOWING INFORMATION IS TO BE COMPLETED BY BANK OFFICIAL****

Number of years with your bank? _____

Account Information	Yes / No	Average Balance	High Balance
Checking			
Savings			
Loans: Loan 1 (Description) Loan 2 (Description) Loan 3 (Description)			

Any NSF's during the past 12 months () Yes () No

If yes, how many: _____

Any delinquent payments on loans during the past 12 months: () Yes () No

If yes, how many: _____

Comments regarding customer's credit worthiness:

Your name: _____

Your title: _____

Your signature: _____

Date: _____

NORTH CAROLINA DEPARTMENT OF REVENUE
SALES AND USE TAX DIVISION
P. O. BOX 25000
RALEIGH, N. C. 27640--0001

CERTIFICATE OF RESALE

(FOR USE ONLY BY REGISTERED RESIDENT AND NONRESIDENT RETAIL AND/OR WHOLESALE MERCHANTS) (NOT VALID IF SIGNED BY A CONTRACTOR) (INSTRUCTIONS ON REVERSE SIDE)

TO: _____
(Name of Vendor)

(Street Location) (City) (State)
(Zip Code)

I (We), the undersigned, do hereby certify that the tangible personal property which f(we) purchase from you is, or will be, purchased as for resale except that if I (we) purchase tangible personal property of the type that is used or will be used by me (us), you are directed to charge the retail tax thereon. I (We), by executing this certificate, assume liability for sales and use tax due on all said tangible personal property purchased as for resale and agree, when same is sold at retail or is withdrawn from stock and used or consumed by me (us), to remit such tax to the North Carolina Department of Revenue, Sales and Use Tax Division, Raleigh, N. C., or other taxing jurisdiction as required by statute. This certificate is not to be used to obtain tangible personal which is for use except as provided in Instruction 4 on the reverse side of this form. It is to remain in full force and effect until I (we) revoke same in writing.

(Type of Business Operated by Purchaser) (Type of Merchandise Sold)

(Trade Name) (Name of Owner)

(Street Location) (City) (State)
(Zip Code)

(North Carolina Sales and Use Tax Registration Number)

(If a Nonresident Merchant as Defined in Instruction 1, Enter Out-of-State Registration Number)

BY: _____
(Owner, Partner, or Authorized Corporate Official) (Title)
(Date)

Any person who willfully attempts, or any person who aids or abets any person to attempt in any manner to evade or defeat any tax imposed by the statute, or the payment thereof, shall, in addition to other penalties provided by law, be guilty of a Class I felony punishable by imprisonment up to five years, a fine up to twenty-five thousand dollars (\$25,000), or both. If there is a deficiency or delinquency in payment of any tax due to fraud, with intent to evade the tax, there shall be assessed, as a penalty, an additional tax equal to 50% of the total deficiency.

For each misuse of a certificate of resale by a purchaser, the Secretary shall assess against the purchaser an additional tax, as a penalty, of two hundred fifty dollars (\$250.00). See Instruction 5 on the reverse side of this form.

This certificate is to be signed by the owner of the business or a partner in the case of a partnership or, if a corporation, by an authorized official of the corporation.

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Customer Delivery Requirements

Less than Truckload (LTL) Deliveries:

Inside Delivery: Yes No

If yes, Explain: _____

Residential Delivery: Yes No

If yes, Explain: _____

Sort and Segregate: Yes No

If yes, Explain: _____

Lift gate: Yes No

If yes, Explain: _____

Are you shipping to a Noncommercial Location (school, church, prison etc...)? Yes No

If yes, Explain: _____

Truckload Deliveries:

Delivery Appointment: Yes No

Does the Shipping Location have a dock? Yes No

Driver Assist (Will the driver need to unload, pull pallets from the back of the truck, or breakdown pallets deemed too tall etc...): Yes No

If yes, Explain: _____
