P. (678) 240.4484 TF. 800.774.4447 F. (678) 240.4433



Supply USA Inc.

REV. 01/15

## **USA DEALER INFORMATION**

(Please Print or Type)

Name	d/b/a				
Billing Address					
City					
Phone	Fax				
E-mail address	mail addressDate Opened/Acquired				
Web site	Federal ID #				
(ii dinerent)	ED (PLEASE CIRCL				
				OTHER (EXPLAIN)	
CONTACTS	Approximate Amo	ount of Credit Require	ed <b>per Month</b> : \$		
Buyer email:		A/P email: _			
Product(s) required	:				
Year Established _	Incorpor	rated ( ) Par	rtnership ( )	Proprietorship ( )	
Business Hours	Hours Number of Employees				
Premises: ( ) Owr	ned ( ) Leased	State Resale Ce	rtificate No		

		BANK REFERENC	E			
Name	Checking Account #					
Address		City, State, Zip				
Phone	Fax	(	Contact			
PRINCIPAL						
Name		Social Securit	y No			
Home Address		City, State, Zip				
Phone		E-mail Addres	SS			
Signature of Applicar	nt		Date			
	ned over to collecti	-	ast due invoices. In addition all accounts le for collection charges.			
Name		Account	#			
Phone		Fax				
E-mail		Contact				
Name		Account #	<u> </u>			
Phone		Fax				
E-mail		Contact				
Name		Account #				
Phone		Fax				
E-mail		Contact				
THE ORIGINAL APPLICATION MUST BE COMPLETED AND MAILED TO 6161 ATLANTIC BLVD., NORCROSS, GEORGIA 30071, TO BE ACCEPTED.  FOR DIVERSCO USE ONLY						
Data rassiyad:						
Date received.	Received b		Date forwarded to Rep:			
		SCO REPRESENTAT				
Date of contact:	by te	elephone ( )	in person ( )			
Rep #		Rep Sign:				
R	lep Name:	lease Print)				
	(P	lease Print)				

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## **CREDIT CHECK AUTHORIZATION**

To Whom It May Concern:

Applicant hereby authorizes DIVERSCO SUPPLY USA INC (hereinafter "Seller") to make whatever inquiries it considers necessary and appropriate concerning the information provided to Seller on Applicant's Commercial Credit Account Application.

Applicant further authorizes all of Applicant's banks, creditors and references to give Seller complete information regarding Applicant.

Applicant further authorizes Seller to give complete information regarding Seller's experience with Applicant's Charge Account, if it is approved, to credit reporting agencies.

Date	Name of Company
	By (Signature)
	 Title

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## **INDIVIDUAL PERSONAL GUARANTEE**

(Please Type or Print)

	Date:	-		
l,	, residing at			
(Complete Home A	Address & Phone Number)			
for and in consideration of your extending credi	it at my request to			
(Hereinafter referred to as the "Company"), of v	which I am(Title)			
hereby personally guarantee to you the payment at <u>DIVERSCO SUPPLY USA INC</u> in the State of <u>Georgia</u> of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay same. It is understood that this Guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.				
Signature:	Date:			
Witness:				

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Customer Name:						
Diversco Customer Code:						
CREDIT CARD AUTHORIZATION						
Please accept this as my authorization to Diversco Supply USA Inc	с.,					
6161 Atlantic Blvd., Norcross, Georgia, 30071, USA, to debit my credit card. The credit card						
information is as follows:						
Credit Card Number:						
Expiration Date:CV Code:						
Name as Imprinted on Card:						
Credit Card Billing Address:						
Signature of Cardholder:Date:						
If you require an emailed copy of your receipt please put your email add	dress below.					
Email:						
Please take note that it is the customer's responsibility to notify D	iversee Supply USA Inc. of any					

Please take note that it is the customer's responsibility to notify Diversco Supply USA Inc., of any changes to the above credit card information.