

New Account Credit Application and Agreement

This form must be completed in full and signed by a principal owner, partner, or officer of the corporation or company. Your complete answers to all questions will enable us to expedite the processing of your order. Thank you for the time taken to complete this important information about you and your business.

Please indicate if: Corporation Individual Partnership Sole Proprietorship Governmental

Legal Company or Individual Name _____

Trade Name _____

Physical Address _____

Ship To Address _____

Bill To Address _____

Telephone # (____) _____ FAX # (____) _____ In business since _____

Federal I.D. # _____ DUNS # _____

COMPLETE IF CORPORATION

Corporate Name _____

Street Address _____ City _____ State/ZIP _____

President	Home Address	City/State	Social Security #
Vice President	Home Address	City/State	Social Security #
Secretary/Treasurer	Home Address	City/State	Social Security #

State of Incorporation _____ Date of Incorporation _____

COMPLETE IF NON-CORPORATION

#1 Principal (owner)	Home Address	City/State/Phone	Social Security #
#2 Principal (owner)	Home Address	City/State/Phone	Social Security #
#3 Principal (owner)	Home Address	City/State/Phone	Social Security #

BANK REFERENCE AND FINANCIAL INFORMATION

Bank (1) _____	Branch Location _____
Address _____	City/State/ZIP _____
Name of banker _____	Telephone # _____ Account # _____
Type of Account(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Current Loans?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Loans?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bank (2) _____	Branch Location _____
Address _____	City/State/ZIP _____
Name of banker _____	Telephone # _____ Account # _____
Type of Account(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Current Loans?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Loans? <input type="checkbox"/> Yes <input type="checkbox"/> No

Person(s) authorized to sign checks: Name (1) _____ Title _____
Name (2) _____ Title _____

Have you or any of the other principals in your organization participated in either a corporate or personal bankruptcy in the past five (5) years? Yes No. If yes, please explain. _____

Are you a former B+B SmartWorx Mfg. Co. customer? Yes No. If yes, dates from _____ to _____
Previous account # _____ Address Location _____

How long at this location by this ownership? _____. If less than one year, list previous location or previous businesses owned/leased or employment history if business is less than one year old.

Accounts Payable contact: _____ Name Title Telephone #

Will you furnish financial statements if requested? Yes No

Person(s) authorized to purchase: Name (1) Title
Name (2) Title

TRADE REFERENCES (with at least one year payment experience)

Name (1) _____ Telephone # _____

Address _____
Street /P.O. Box City/State/ZIP E-mail address

Name (2) _____ Telephone # _____

Address _____
Street /P.O. Box City/State/ZIP E-mail address

Name (3) _____ Telephone # _____

Address _____
Street /P.O. Box City/State/ZIP E-mail address

AGREEMENT: Any changes made to this agreement voids this application.

"Applicant" hereby applies to B+B SmartWorx Incorporated ("B+B SmartWorx") to open a commercial charge account in Applicant's name and hereby requests B+B SmartWorx from time to time to extend credit to enable Applicant to purchase merchandise from B+B SmartWorx for business or commercial purposes only. As an inducement to B+B SmartWorx to extend credit and in consideration of B+B SmartWorx agreeing to extend credit to Applicant, Applicant states as follows:

Applicant represents and warrants that (a) all credit information given in connection with this Application and Agreement ("Agreement") is true and correct as of the date hereof, and (b) that it is financially able to comply with all payment terms specified herein or in any invoice from B+B SmartWorx ("Payment Terms"), and such representation and warranty shall be deemed remade each time Applicant accepts credit from B+B SmartWorx.

Payments are to be sent directly to: B+B SmartWorx, Accounts Receivable, P.O. Box 1040, Ottawa IL, 61350 in accordance with Payment Terms that are granted to Applicant by B+B SmartWorx Credit Department.

No equipment, material or goods will be accepted for return unless authorized. All returns are subject to handling, reconditioning and restocking charges as assessed by seller.

Any amounts past due on the last business day of each month will be considered past-due and will be subject to a FINANCE CHARGE at the maximum rate permitted by law until such amounts are paid in full.

Applicant agrees to pay a service charge of \$15.00 for any checks returned from the Applicant's bank unpaid for any reason. B+B SmartWorx shall have the right to demand payment of the returned check(s) in CASH or CERTIFIED FUNDS or MONEY ORDER immediately.

This agreement shall be a continuing agreement and shall apply to each purchase of merchandise for which the Applicant does not pay in full at the time of delivery.

B+B SmartWorx may terminate this agreement or restrict or withhold deliveries to Applicant at any time without notice.

Applicant will pay all expenses, including reasonable attorney's fees, incurred by B+B SmartWorx in the enforcement of this agreement and the collection of any charges due hereunder.

Applicant agrees to notify B+B SmartWorx by certified mail of any change of ownership of the Customer and further agrees to be liable for all purchases should Applicant fail to comply with said notification. In the event that this agreement is executed by more than one person, then, in such event the liabilities and obligations of the undersigned hereunder shall be joint and several and the relative words herein shall be read as if written in the plural.

This information is given in strict confidence for the sole purpose of establishing an open account with B+B SmartWorx. I (We) hereby authorize B+B SmartWorx to request and obtain credit information from any trade, bank or financial references concerning the status of my business and credit. The undersigned certifies that he/she has read and understands all the terms and conditions set forth herein and agrees to be bound by the same in the event that any credit is extended pursuant this agreement.

Signatures:

Owner/Officer _____ Title _____ Date _____

Owner/Officer _____ Title _____ Date _____

Owner/Officer _____ Title _____ Date _____