



Please select Company for Credit Approval

Corporate Address: 5808 Long Creek Park Drive Suite A Charlotte, NC 28269
 Contact Numbers: 704-596-2444 Telephone 1-800-256-7377 704-596-5659 Fax

Business Name: _____ Date: _____

Street Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Type of Business: _____ Date Established: _____

Business Operates as: Corporation Partnership Sole Proprietor

Business Operates From: Residence Shop Office Telephone No.: _____ Fax No.: _____

Business Property is: Leased Owned If Owned, by whom? _____

NAMES AND ADDRESSES OF PRINCIPAL OWNERS/OFFICERS AND TITLES:

1. Name: _____ Title: _____ Address: _____

2. Name: _____ Title: _____ Address: _____

3. Name: _____ Title: _____ Address: _____

Driver's License No.: _____ Social Security No./ Fed. I.D. #: _____

Have you ever declared bankruptcy? _____ Has a company you owned ever declared bankruptcy? _____

Do you have any pending lawsuits or judgments? _____

Are Purchase Orders Issued? _____ Are job names required? _____

Do you pay sales tax? _____ (if answer is "NO" Certificate of Resale must be attached.)

Current job name and address: _____

CREDIT EXPERIENCE

Name, Address, Zip Code and Telephone Numbers of at least three (3) Trade References you have dealt with.

1. Name: _____ Address: _____ Telephone: _____

Fax: _____

2. Name: _____ Address: _____ Telephone: _____

Fax: _____

3. Name: _____ Address: _____ Telephone: _____

Fax: _____

Bank Reference: _____

Name of person at bank with whom you deal: _____

Monthly credit requested: \$ _____

AGREEMENT

The undersigned in consideration for the terms stated herein and for the extension of credit by Global Door Controls and Imperial USA, Ltd., hereby agrees that the terms of sale are "payment in full by the 30th day of the date of invoice." The invoice(s) become past due if not paid by the 30th day of the date of invoice, and further, a 1 1/2% per month service charge (18% per annum) will be added on any past due portion. There will be a 25% Restocking Charge on all merchandise returned for credit. No credit for merchandise returned after 15 days. Special order items may not be returned. In the event of default in payment, and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. The undersigned personally guarantees and is responsible for the payment at maturity of the purchase price of all merchandise so sold or delivered. The undersigned does hereby certify that the information contained on this application is true and correct, and further agrees that any changes in ownership or officers or form that the business operates shall be made known to Global Door Controls and Imperial USA Ltd., 5808 Long Creek Park Drive Ste. A, Charlotte, NC 28269. This notice shall be in writing and mailed to Global Door Controls and Imperial USA Ltd., by certified U.S. Mail.

Company Name: _____ Signature: _____

Streamlined Sales and Use Tax Agreement Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- 1** Check if you are attaching the Multistate Supplemental form.
 If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- 2** Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

3 Please print

Name of purchaser _____			
Business address _____	City _____	State _____	Zip code _____
Purchaser's tax ID number _____		State of issue _____	Country of issue _____
If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number <i>state of issue number</i>	Foreign diplomat number _____
Name of seller from whom you are purchasing, leasing, or renting _____			
Seller's address _____	City _____	State _____	Zip code _____

4 Type of business. Check the number that describes your business.

- | | |
|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 11 Transportation and warehousing |
| <input type="checkbox"/> 02 Agricultural, forestry, fishing, and hunting | <input type="checkbox"/> 12 Utilities |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 13 Wholesale trade |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 14 Business services |
| <input type="checkbox"/> 05 Information, publishing, and communications | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 20 Other (<i>explain</i>) _____ |

5 Reason for exemption. Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (<i>department</i>) _____ | <input type="checkbox"/> H Agricultural production # _____ |
| <input type="checkbox"/> B State government (<i>name</i>) _____ | <input type="checkbox"/> I Industrial production/manufacturing # _____ |
| <input type="checkbox"/> C Tribal government (<i>name</i>) _____ | <input type="checkbox"/> J Direct pay permit # _____ |
| <input type="checkbox"/> D Foreign diplomat # _____ | <input type="checkbox"/> K Direct mail # _____ |
| <input type="checkbox"/> E _____ | <input type="checkbox"/> L Other (<i>explain</i>) _____ |
| <input type="checkbox"/> F _____ | |
| <input type="checkbox"/> G Resale # _____ | |

6 Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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