



18038 OAK RIDGE DR. HAGERSTOWN, MD 21740
OFFICE 301.739.3069 TOLL FREE 800.878.9347
FAX 301.739.3157 WEISSBROS.COM

Account Information

Date: Weiss Bros Sales Rep:

Business Name:

Trade Name (if different):

BILLING ADDRESS

SHIPPING ADDRESS

If multiple shipping locations please attach list.

Street:

City:

State: Zip:

Phone: Fax:

State: Zip:

Phone: Fax:

Purchasing Agent: E-mail:

Payables Contact: E-mail:

Invoicing preference (circle one): Fax Fax #:

Email E-mail address:

Type of Business:

Days and hours of operation:

Will you accept backorders if an item is out of stock? YES NO

Will you accept substitutions of an item? YES NO

Owner Information

Type of Ownership (please check):

Sole Proprietor Partnership Corporation LLC LLP Non-Profit

Gov't Tax Payer Identification Number:

If you are a Sole Proprietor or Partnership please complete this section

Owner's Name #1:

Home Address:

E-mail:

Owner's Name #2:

Home Address:

E-mail:



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Terms of Sale

The undersigned (Customer) agrees to the following terms of sale:

1. Orders of \$200.00 or more will be delivered at no charge (subject to change without notice); Orders less than \$200 may be subject to a delivery courtesy charge;
2. With approved credit, the Customer agrees to pay for invoices within 30 days from the invoice date; (please complete the attached credit application if seeking credit)
3. Orders for amounts that exceed the Customer's determined credit limit will not be shipped until payment terms are mutually agreed upon;
4. The Customer agrees to pay service charges in the amount of 1-1/2% per month on outstanding balances over 30 days;
5. The Customer will reimburse Weiss Bros for any bank fees received for checks returned to due insufficient funds;
6. A 20% restocking fee will be charged for special order merchandise;
7. The Customer agrees that a Washington County, Maryland court will be an acceptable venue for the resolution of any billing disputes;
8. The Customer agrees to pay for any expenses Weiss Bros incurs in collecting unpaid debt, including but not limited to attorney's fees, collection agent fees and court costs;
9. By signing below, the Customer agrees to the above terms of sale and authorizes Weiss Bros to periodically obtain credit and bank information for the purpose of establishing, investigating or maintaining a credit relationship with them.

Authorized Signature: _____ Date: _____

Name (print): _____ Title: _____

The attached copy of the state tax exemption certificate must be filled out or we are required to charge sales tax on ALL products. It is state law that we must keep these copies on file.

If you have questions please contact our Accounts Receivable Dept. at 301-739-3069 x: 152.

Thank you for your partnership.



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Sales Tax Exemption Certificate

In order to keep our records correct and current; Maryland State law requires us to have the following information on file. Thank you for your cooperation in providing the information below.

THE UNDERSIGNED HEREBY CLAIMS EXEMPTION ON THE PURCHASES OF TANGIBLE PERSONAL PROPERTY FROM WEISS BROS. AND CERTIFIES THAT THIS CLAIM IS BASED UPON THE PURCHASER'S PROPOSED USE OF THE PRODUCTS PURCHASED, THE ACTIVITY OF THE PURCHASER, OR BOTH, AS SHOWN HEREON.

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- PURCHASES ARE FOR RESALE IN REGULAR COURSE OF BUSINESS. PURCHASER WILL PAY TAX DIRECT TO TAXING DISTRICT ON PRODUCTS CONVERTED TO OWN USE.
- PURCHASER IS A RELIGIOUS, CHARITABLE OR EDUCATIONAL INSTITUTION.
- PURCHASER IS A FEDERAL, STATE, COUNTY OR MUNICIPAL GOVERNMENT.
- PURCHASER WILL PAY TAX ON ALL TAXABLE PRODUCTS.

DATE: _____

CUSTOMER SIGNATURE: _____

TITLE: _____

STATE SALES TAX NUMBER: _____

STATE TAX EXEMPT NUMBER: _____

(FOR CUSTOMERS WHO ARE COMPLETELY EXEMPT: i.e. – churches; certified non-profits, etc. PLEASE INCLUDE A COPY OF THE ORGANIZATIONS SALES TAX EXEMPT CARD.)

This certificate shall continue in force until revoked and shall be considered a part of each order given unless the order specifically states otherwise. Please note that all exemptions claimed must conform to allowable exemptions approved by the taxing district.



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Credit Application

If you would like to request an open line of credit with Weiss Bros, please complete the following information.

In business since: Estimated monthly purchases:

DUNS Number:

TRADE REFERENCES (OTHER THAN BANKS, CREDIT CARD CO.'S OR UTILITIES)

Name:
Street:
City: State: Zip:
Phone: Fax:
Contact: Acct#:

Name:
Street:
City: State: Zip:
Phone: Fax:
Contact: Acct#:

BANK REFERENCE

Name:
Street:
City: State: Zip:
Phone: Fax:
Contact: Acct#:

I authorize the parties listed above to respond to inquiries from Weiss Bros.

Signature: Date:

PERSONAL GUARANTEE

The undersigned individual in consideration of Weiss Bros of Hagerstown, Inc.'s extension of credit to the above Customer hereby agrees to personally guarantee any and all obligations of the applicant and the company. This guaranty shall be continuing and unlimited and may be terminated only on 30 days' written notice to the company. The company may exercise its rights under this guaranty without first taking any action against the applicant. The undersigned waives notice of default and non-payment, and consents to the extension or modification of credit terms to the applicant without notice.

Signature: Date:

Name (print):

Witness Signature: Date:

Name (print):