



NATIONAL EXCELSIOR COMPANY

1999 North Ruby Street, Melrose Park, IL 60160
Telephone 708-344-1802, Fax 708-344-7183

DATE _____ CREDIT AMOUNT REQUESTED: _____

TO OBTAIN CREDIT FROM CREDITOR, CUSTOMER AGREES TO CREDITOR'S USUAL TERMS AND CONDITIONS AS PROMULGATED AND AMENDED BY CREDITOR FROM TIME TO TIME, AND REPRESENTS AND STATES THE FOLLOWING, AND AUTHORIZES RELEASE OF ANY INFORMATION PERTAINING TO CUSTOMER'S FINANCIAL CONDITIONS FROM ANY THIRD PARTIES WHICH MAY VERIFY SAME:

"CREDITOR" is National Excelsior Company

BUSINESS NAME AND ADDRESS

SOLE OWNER PARTNERSHIP CORPORATION LLC

"CUSTOMER" is _____ Phone# _____

Address: _____ Fax# _____

City: _____ State: _____ Zip Code: _____ Tax Exempt# _____

(Attach Copy of Certificate)

Federal ID # _____ State of Incorporation _____ State of Charter _____

IF SOLE OWNER OR PARTNERSHIP PLEASE COMPLETE THE FOLLOWING:

Name _____ Social Sec. # _____

Address _____ Home Phone _____ Business Phone _____

City _____ State _____ Zip Code _____

Name _____ Social Sec. # _____

Address _____ Home Phone _____ Business Phone _____

City _____ State _____ Zip Code _____ (OTHER PARTNERS ATTACH LIST)

IF CORPORATION OR LLC PLEASE LIST:

Officers: (President) _____

(Vice President) _____

TOTAL EMPLOYEES OF YOUR BUSINESS: _____ YEAR BUSINESS STARTED: _____

DUNS # _____ YEARLY SALES \$ _____

BUSINESS BANK ACCOUNT & REFERENCE: _____

(Please complete bank section in its entirety)

ADDRESS OF BANK: _____ CONTACT: _____

TELEPHONE# _____

ACCOUNT NUMBER _____ FAX # _____

SIGNED _____ TITLE _____ DATE _____

PERSONAL GUARANTY MUST ALSO BE SIGNED...SEE REVERSE

We will accept a fax copy of your application to begin processing your account, but our company policy requires the original application before an account can be set up. **Please mail the original to our corporate office as listed above (Melrose Park).**

BUSINESS REFERENCES: LIST AT LEAST THREE, Additional references may be submitted on a separate sheet

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE AND FAX NUMBER</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Do you require a PO(Y/N) _____ Do you require a job name(Y/N) _____
 How would you like to receive your invoices? Mail, Fax, E-mail (circle one). If e-mail, please list your e-mail address

Terms and Conditions:

- The undersigned hereby represents that all of the information contained above hereof is true and that said representations are made for the purpose of obtaining credit from the National Excelsior Co. in return for the extension of credit, the undersigned hereby agrees to all of the foregoing terms and conditions.
- There are no understandings or agreements between buyer and seller other than those fully expressed and contained herein and no agent or salesman of seller has any authority to obligate seller by any terms, guarantees, warranties, stipulations or conditions not mentioned.
- Our terms of sale are listed on separate sheet.
- CUSTOMER AGREES TO PAY SERVICE CHARGES OF 1.5% PER MONTH FROM THE DUE DATE OF EACH INVOICE TO DATE OF PAYMENT.
- IN EVENT CUSTOMER'S ACCOUNT IS PLACED FOR COLLECTION, CUSTOMER AGREES TO COLLECTION AND/OR ATTORNEY FEES OF 20% OF THE AMOUNT OWED. CUSTOMER AGREES THAT ANY DEALING BETWEEN THE PARTIES SHALL BE GOVERNED BY AND INTERPRETED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ILLINOIS AND CUTOMER FURTHER AGREES, PER CREDITOR'S OPINION, TO THE JURISDICTION OF THE COURTS OF ILLINOIS, STATE OR FEDERAL TO DETERMINE ANY CONTROVERSY ARISING IN THEIR DEALINGS.
- All returns must have written authorization and are subject to a minimum 15% re-stocking charge.
- All checks returned unpaid are subject to a charge of \$50.00 or 2% of the check; whichever is greater.
- All deductions from payments must include complete detail as to the reason behind the deduction. Deductions older than six (6) months will not be accepted. Payments received without remittance advice will be applied to service charges first.

PERSONAL GUARANTEE-IN CONSIDERATION OF CREDITOR EXTENDING CREDIT TO CUSTOMER, THE UNDERSIGNED PERSONALLY AND INDIVIDUALLY GUARANTEE UNCONDITIONALLY FULL AND PROMPT PAYMENT OF PAST, PRESENT AND FUTURE OBLIGATIONS AND TERMS DUE CREDITOR FROM CUSTOMER, HEREBY WAIVING NOTICE OF ACCEPTANCE OF THIS GUARANTEE, NOTICE OF SALE OF GOODS AND/OR LABOR PROVIDED CUSTOMER BY CREDITOR AND NOTICE OF DEFAULT OR CHANGE OR EXTENSION OF CREDIT TERMS. THE UNDERSIGNED CONSENT TO ANY EXTENSION OF THE TIME FOR PAYMENT AND ASSERT THAT THIS IS A CONTINUING GUARANTEE OF PAYMENT TO CREDITOR. THIS INDIVIDUAL PERSONAL GUARANTY SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL ALL INVOICES OPEN IN CUSTOMERS ACCOUNT ARE PAID IN FULL, OR WRITTEN NOTICE, CANCELING THIS INDIVIDUAL PERSONAL GUARANTEE IS SENT BY GUARANTORS TO THE CREDITOR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED, AND RECEIVED BY THE CREDITOR AT ITS OFFICES. ALL INVOICES DUE PRIOR TO CANCELLATION OF THIS INDIVIDUAL PERSONAL GUARANTY WILL BE CONSIDERED IMMEDIATELY DUE AND PAYABLE BY THE GUARANTORS.

ALL PARTNERS OR OFFICERS OF CUSTOMER SHOULD SIGN AND BE BOUND PERSONALLY BY ALL STATEMENTS HEREIN:

(SIGN) _____ (PRINT NAME) _____

(SIGN) _____ (PRINT NAME) _____

FOR EXCELSIOR USE ONLY: DATE APPROVED OR DENIED _____

TM# _____ CREDIT LIMIT _____ ACCT TYPE _____ ACCOUNT # _____

BRANCH# _____ APPROVED BY _____



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**NATIONAL EXCELSIOR COMPANY
TERMS AND CREDIT POLICIES**

OUR STANDARD TERMS OFFERED TO ACCOUNTS WITH OPEN ACCOUNT PRIVILEGES ARE:

1% 10TH NET 15TH PROX

A 1.5% Service Charge per month will be assessed from the due date of each invoice to date of payment.

Invoices may be disputed by contacting the National Excelsior Company Credit Department. You will be required to provide supporting documentation of your dispute. Disputed invoice forms may be obtained by contacting the telephone number listed above.

Failure to secure payment from your customer is not something the National Excelsior Company can control and therefore cannot accept for a dispute cause or reason for not paying your account when due.

Delivery may be withheld on orders pending credit approval, even in the case of orders formally accepted.

Further shipments on open account will be stopped to any customer whose outstanding balance exceeds 60 days or more. Post-dated checks do constitute payment.

Failure of the dealer to stay consistently within our standard terms may result in the loss of your open account privileges and eligibility to participate in the National Excelsior Company incentive plans.

I, _____ have reviewed the terms listed above and agree to abide by those terms.
(Name)

(Signature)

(Title)

(Date)

BRANCHES

2520 Vantage Drive
Elgin, IL 60123
(847) 844-3845
Fax: (847) 844-3846

1520 Ardmore Avenue
Itasca, IL 60143
(630) 773-5500
Fax: (630) 773-5542

18500 N Creek Drive
Tinley Park, IL 60477
(815) 730-1479
Fax: (815) 730-1485

2170 S 116th Street
West Allis, WI 53227
(414) 546-1776
Fax: (414) 541-3644

1999 North Ruby Street
Melrose Park, IL 60160
(708) 343-4225
Fax: (708) 343-4269

8150-B Lehigh Avenue
Morton Grove, IL 60053
(847) 965-3500
Fax: (847) 965-3520

17725 Volbrecht Road
Lansing, IL 60438
(708) 418-6601
Fax: (708) 418-6605

2302 North Bendix Drive
South Bend, IN 46628
(574) 289-6356
Fax: (574) 289-6475

8756 West 35W Service Dr., NE
Blaine, MN 55449
(763) 780-8163
Fax: (763) 780-8165

1400 Heggen Street
Hudson, WI 54016
(715) 381-0208
Fax: (715) 381-0371

800 Berkshire Lane, North
Plymouth, MN 55441
(763) 553-1722
Fax: (763) 553-7726

5338 Merriam Drive
Merriam, KS 66203
(913) 894-2420
Fax: (913) 894-2290

3605 Lafayette
Saint Joseph, MO 64507
(816) 671-0566
Fax: (816) 671-0151