

Industrial Rivet & Fastener Co.



Credit Application

200 Paris Avenue
 Northvale, New Jersey 07647 USA
 Tel: (201) 750-1040
 Toll Free: (800) BUY-RIVET (USA)
 Credit Fax: (201) 750-1050

Your cooperation in providing this information is greatly appreciated; we look forward to a long and prosperous relationship. Please Print Legibly.

Legal Business Name		Date Established	Phone Number
DBA			Fax Number
Billing Address			
City		State	Zip
Corporate Data			
Type of Business <input type="checkbox"/> Distributor <input type="checkbox"/> Reseller <input type="checkbox"/> End User <input type="checkbox"/> System Integrator		Number of Employees	A/P Contact
Annual Sales Volume	Dollar Value of Rivets Purchased per Month	Fiscal Year Ending	Controller
Brands Carried/Used <input type="checkbox"/> Pop - Black & Decker <input type="checkbox"/> PEM <input type="checkbox"/> Other Rivet Companies (please specify) <input type="checkbox"/> Avdel - Textron <input type="checkbox"/> ATLAS <input type="checkbox"/> Other Fastener Companies (please specify) <input type="checkbox"/> Huck/Marson - Alcoa <input type="checkbox"/> AVK			
Level of Interest (1-3 with 1 being most interested) Blind Rivets Semi-Tubular Rivets QuickRiveting™ System		Year Established	Dun&Bradstreet (DB)Number
Type of Business <input type="checkbox"/> Corporation – State Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		Federal ID Number	
Name of Principals of Firm			
Officer(s)/Owner(s) Name		Social Security Number	
Officer(s)/Owner(s) Name		Social Security Number	
Parent Company Name		Does Parent Company Guarantee Debts? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please give details)	
Parent Company Address			
City		State	Zip
Bank References (Must have account numbers)			
Bank Name		Phone Number	
Address			Fax Number
City		State	Zip
Account Officer	Checking Account Number	Savings Account Number	Loan Number
Credit Info			
Type of Account Applying for <input type="checkbox"/> COD Company Check <input type="checkbox"/> 2% Net 15 <input type="checkbox"/> 1% Net 30		Credit Amount Requested	Account Representative

This application must be completed in full in order to be processed.
 Over

Trade Credit References**(List only those references where you have an open account. Please include any major rivet or fastener manufacturers or distributors.)**

Company Name	Account Number	Phone Number
Address		Fax Number
City	State	Zip
Company Name	Account Number	Phone Number
Address		Fax Number
City	State	Zip
Company Name	Account Number	Phone Number
Address		Fax Number
City	State	Zip

Credit Certificate / Personal Guarantee

In order to induce Industrial Rivet & Fastener Co., Inc.. ("IRF") to sell and to continue to sell RivetKing® products to Buyer, the Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.

The individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to IRF that: 1) he is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with IRF will be entitled to recover its costs, including attorneys' fees, from the other party; and 4) any legal action brought by or against Buyer will be in Bergen County, New Jersey and Buyer hereby submits to the jurisdiction of said courts. Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month, or the maximum legal rate, whichever is less. Buyer also agrees to pay \$25.00 for each check issued by Buyer to IRF which is returned to IRF without payment.

In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) Buyer has specified. The undersigned also understands that IRF will retain this Application, whether or not it is approved, and that IRF will consider this Application as a continuing statement of the undersigned's financial statement until notified otherwise by Buyer.

Company Name: _____
 Signature (Officer or Owner): _____ Date: _____
 Signatory Name (printed): _____ Title: _____

PERSONAL GUARANTEE - The individual executing this Application on behalf of Buyer personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers' obligations under this Application with IRF, including timely payment of any and all sums due IRF. The individual executing this Application on behalf of the Buyer further agrees to personally submit to the jurisdiction of New Jersey Superior Courts, for County of Bergen.

Signature (Officer or Owner): _____ Date: _____
 Signatory Name (printed): _____ Title: _____

For Industrial Rivet Use Only

Type of Account Approved <input type="checkbox"/> COD Company Check <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30	Credit Amount Approved	Account Representative
--	------------------------	------------------------

This application must be completed in full in order to be processed.
 Over

**UNIFORM SALES & USE TAX CERTIFICATE
MULTIJURISDICTIONAL**

Issued to Seller: **Industrial Rivet & Fastener Co.,**
Address: **200 Paris Avenue, Northvale, New Jersey 07647**

I HEREBY CERTIFY

is engaged as a registered:

Name of Firm (Buyer):	_____	Wholesaler	_____
	_____	Retailer	_____
Address:	_____	Manufacturer	_____
	_____	Reseller	_____

and is registered with the below listed states within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of business. We are engaged in the business of:

Description of Business: _____

General description of products to be purchased from the seller: Electronic Equipment & Accessories

State	State Resale Number	State	State Resale Number	State	State Resale Number
AK	_____	LA	_____	OH	_____
AL	_____	MA	_____	OK	_____
AR	_____	MD	_____	OR	_____
AZ	_____	ME	_____	PA	_____
CA	_____	MI	_____	RI	_____
CO	_____	MN	_____	SC	_____
CT	_____	MO	_____	SD	_____
DC	_____	MS	_____	TN	_____
FL	_____	MT	_____	TX	_____
GA	_____	NC	_____	UT	_____
HI	_____	ND	_____	VA	_____
IA	_____	NE	_____	VT	_____
ID	_____	NH	_____	WA	_____
IL	_____	NJ	_____	WI	_____
IN	_____	NM	_____	WV	_____
KS	_____	NV	_____	WY	_____
KY	_____	NY	_____		_____

I further certify that said property will be resold by me in the form of tangible personal property; provided, however, that in the event of any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Date: _____

SIGNATURE OF PURCHASER OR AUTHORIZED AGENT