

Fain Enterprises Inc.
PO Box 20006, W-S, NC 27120
615 North Liberty Street
Winston-Salem, NC 27101

FAIN ENTERPRISES INC.
**Customer Data Form
& Credit Application**
(For Open Account Terms)

Phone # (336) 724-0417
Toll-Free (800) 642-0961
Fax # (336) 724-0420
Attn: David Fain x101

CUSTOMER DATA INFORMATION:

Chamber Membership(Circle One) ----- Yes No
Membership Advantages(Explained) ----- Yes No

_____ FULL LEGAL BUSINESS NAME DOING BUSINESS AS or ALSO KNOWN AS

_____ BUSINESS CONTACT NAME CONTACT TITLE

_____ BILLING ADDRESS PHONE NUMBER

_____ CITY STATE ZIP CODE FAX NUMBER

_____ FAIN ENTERPRISES CUSTOMER # (if known) E-MAIL ADDRESS - FOR ORDERING ONLINE

_____ SHIPPING ADDRESS (IF DIFFERENT THAN ABOVE)

_____ SHIPPING CITY STATE ZIP CODE SHIPPING PHONE NUMBER

Anticipated Monthly Purchase Volume: _____

Does your company require a purchase order? Yes No

Is the authority for purchasing limited to certain individuals within your company? Yes No

_____ If YES, please list those persons with purchasing authority

Cut-off time for receiving merchandise _____ Dock delivery Yes No

Any special requirements for delivery? _____

Accounts Payable Information:

_____ A/P NAME PHONE NUMBER AND EXT. FAX NUMBER

Are you a: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

Business Structure: Parent Company Branch/Division/Subsidiary Single Location Business/Organization

State of Incorporation: _____ TIN or SSN: _____

Business Type/SIC code: _____ D&B number: _____

Company Annual Revenue: _____ In Business Since: _____

Legal Structure: _____ Non-Profit? Yes No

No. of Employees: _____ No. of Locations: _____ Franchisee? Yes No

Tax Exempt for Office Supplies? Yes No (if yes, copy of certificate must be attached)

Names, titles, and addresses of your corporate officers or partners

Have you ever had open terms of payment with us before? Yes No

If yes, under what name _____

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TRADE REFERENCES:

Reference #1 Name _____
Address _____
Phone _____ Fax _____

Reference #2 Name _____
Address _____
Phone _____ Fax _____

Reference #3 Name _____
Address _____
Phone _____ Fax _____

BANK REFERENCES:

Account # _____ Phone _____
Contact Person _____
Name of Bank _____
Address _____

I represent that the above information is true and is given to induce Fain Enterprises, Inc. to extend credit to the applicant.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____
Printed name: _____
Title: _____ Date: _____

GENERAL TERMS AND CONDITIONS

- 1. Invoices are delivered with your merchandise(unless otherwise specified by you in writing)**
- 2. All invoices are due and payable in full within 15 days of the invoice date**
- 3. A service charge of 1 ½ % per month (18 % per year) will be added to all amounts billed if not paid within 30 days of the invoice date.**
- 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.**