



Top Notch Distributors, Inc.

CUSTOMER APPLICATION

Remit Payment to: PO Box Honesdale, PA 18431-0189

Phone: 800-233-4210 Fax 866-460-5226 Email: credit@topnotchinc.com

Complete the below information to establish an Open Account with Top Notch Distributors, Inc.

COMPLETE LEGAL NAME OF BUSINESS: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____ E-MAIL: _____

YEARS UNDER PRESENT MGMT: _____ YEARS AT PRESENT LOCATION: _____

OWNER OF COMPANY: _____ PRESIDENT OF COMPANY: _____

AP CONTACT: _____ PO CONTACT: _____

PHONE: _____ FAX: _____ PHONE: _____ FAX: _____

EMAIL: _____ EMAIL: _____

ARE PURCHASE ORDERS REQUIRED: _____ FEDERAL EMPLOYEE ID #: _____

CREDIT LIMIT REQUESTED: _____ ESTIMATED ANNUAL SALES: _____

TYPE OF BUSINESS: _____

TYPE OF OWNERSHIP: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ LLC _____

NAME OTHER BUSINESSES AFFILIATED WITH: _____

SIC CODE (Circle One):

332510 OEM	521131 Doors & Door Frames
344601 Decorative Hardware	521142 Lumber Retail
423710 Buildings Pre-Cut Pre-Fab Mod	523110 Glass Auto Plate & Window Etc
503111 Millwork	525104 Hardware Retail
506304 Security Control Equip	571211 Kitchen Cabinets & Equipment
507207 Builders Hardware Wholesale	596102 Internet
507209 Locksmith Equip & Splys	737901 Contract Hardware Dist CHD's
509901 Exporters	769962 Locks & Locksmiths
521126 Building Materials	999999 Misc

*Select the description(s) of products to be purchased (more than one can be selected):

Residential Door Hardware Commercial Door Hardware Electronic Access Control Door Hardware

In order to comply with state and local sales tax law requirements, it is necessary that we have, in our files, a properly executed Resale Number from all customers who claim sales tax exemption.

Select one of the following: Tax Exempt Non-Exempt

By completing the below state and resale number for multiple ship locations, you certify that the legal business name herein is registered with the listed states and cities 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 our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

LIST EACH STATE AND RESALE NUMBER: (One is required, list additional State and Resale Numbers if applicable)

State	State ID #
State	*State ID #
State	*State ID #



Top Notch Distributors, Inc.

*IF APPLICABLE LIST CITY AND CITY ID NUMBER:

City _____	City ID # _____
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COMMERCIAL BANK REFERENCE

BANK NAME: _____	ACCOUNT NUMBER: _____
PHONE NUMBER: _____	CITY: _____ STATE: _____ ZIP: _____
FAX NUMBER: _____	CONTACT PERSON: _____

COMMERCIAL TRADE REFERENCES

Trade references that have extended the highest amount of credit in the last 12 months

TRADE REFERENCE	ACCOUNT#	PHONE#	FAX#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

STATEMENT OF TERMS

Applicant authorizes Top Notch Distributors, Inc. to obtain credit reports to be used in connection with this application and to obtain further credit information from any persons or firm set forth in this application and from any other source, including credit profiles on individuals responsible for payment. Applicant further authorizes any bank or commercial business with whom the applicant is doing, or has done any type of business, to give any and all necessary information to Top Notch Distributors, Inc. which will assist in the credit inquiry.

If credit is granted, applicant agrees to pay for all items purchased from Top Notch Distributors, Inc. within 30 days from the date of invoice, unless noted otherwise.

Applicant agrees that in the event of default in any payment, to pay all costs of collections, including but limited to, attorney's fees, court cost, and collection agency fees.

Applicant certifies all information furnished is true and accurate, and will be relied upon in the granting of credit.

I further certify that if any property so purchased tax free or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by use in writing or revoked by the city or state.

I swear or affirm that the information on this form is true and accurate as to every material matter.

Authorized Signature (Owner, Partner or Corporate Officer) X	Title
Print: X	Date

AUTHORIZED SIGNATURE IS REQUIRED FOR APPROVAL OF APPLICATION