

NAME/ADDRESS

Legal Business Name:	Date:
Parent Company:	DBA:
Bill To Address:	
City:	State: ZIP:
Ship To Address:	
City:	State: ZIP:
Phone #:	Fax #: Email Address:
Account Payable – First & Last Name, Title:	Financial Contact – First & Last Name, Title:

COMPANY INFORMATION

Type of Business: Contractor <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> OEM <input type="checkbox"/> VAR <input type="checkbox"/> End User <input type="checkbox"/> Other (describe): _____
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> State Incorporated: _____ Partnership <input type="checkbox"/> State of Formation: _____ LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> SS #: _____
In Business Since: _____ Number of Employees: _____ D&B Number: _____
Name of Company Principal/Officer: _____ Title: _____
Home Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____
Name of Company Principal/Officer: _____ Title: _____
Home Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____

BANK REFERENCES

Institution Name:
Account #:
Address:
Phone:

TRADE REFERENCES

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax #:	Fax #:	Fax #:
Email:	Email:	Email:

OTHER INFORMATION

Which branch location(s) will be your primary place of doing business? (Check all that apply)	
Albany, NY <input type="checkbox"/> Bangor, ME <input type="checkbox"/> Elmira, NY <input type="checkbox"/> Holyoke, MA <input type="checkbox"/> Manchester, NH <input type="checkbox"/> Portland, ME <input type="checkbox"/> Rochester, NY <input type="checkbox"/> Taunton, MA <input type="checkbox"/>	
Credit Limit Amount Requested \$ (required):	Who is your Horizon Solutions Account Manager?
Preferred Method of Receiving Invoices / Statements?	
Electronic <input type="checkbox"/> Email: _____	EDI <input type="checkbox"/> Contact First/Last Name: _____
Fax <input type="checkbox"/> Fax #: _____	Postal Mail <input type="checkbox"/>
Sales Tax Status:	
Taxable <input type="checkbox"/> Exempt (attach exemption certificate) <input type="checkbox"/>	
Do You Require A Monthly Statement? Yes <input type="checkbox"/> How Many Copies: _____ No <input type="checkbox"/>	
Do You Require A PO# or Job Name? Yes <input type="checkbox"/> No <input type="checkbox"/>	

— Sign and agree to the terms on page 3 —

Accepting Terms – Read, Accept, and Sign

By signing below, the Applicant (a) authorizes Horizon Solutions LLC (Creditor) to obtain a credit report from any credit reporting agency (b) authorizes any bank or commercial business with whom the Applicant is doing business or has done any type of business to give any and all necessary information to the Creditor to assist the Creditor in the current credit investigation and (c) authorizes the Creditor to reinvestigate the Applicant's credit status from time to time as the Creditor deems necessary. The Creditor may further limit or terminate the credit arrangement with the Applicant, in the Creditor's sole discretion. By signing below, the Applicant represents and warrants that the information provided to the Creditor is true, accurate and complete, and that none of the information furnished omits any material fact necessary to make any information not misleading.

Credit approval could be subject to Personal / Corporate Guarantee. Further, Buyer agrees to pay all collection expenses and attorney's fees incurred in connection with the enforcement of this Agreement and/or the collection of any amounts owing from Buyer to Seller.

No failure to exercise or delay in exercising any right, power, or privilege hereunder shall operate as a waiver thereof. Nor shall any single or partial exercise of any right, power or privilege hereunder preclude any further exercise thereof any other right, power, or privilege.

The Creditor's extension of credit to the Applicant and its willingness to do business with the Applicant are expressly conditioned upon the Horizon Solutions General Terms & Conditions of Sale. The Applicant has read and understands the Terms and Conditions.

READ TERMS – Horizon Solutions General Terms & Conditions of Sale are located on our website at:

<http://www.hs-e.com//general-terms-conditions-sale/>

I have read, understood and agree to the Horizon Solutions General Terms & Conditions of Sale.

Print Name

Title

Signature

Date

REMIT COMPLETED FORM TO:

If your primary place of doing business will be at our Albany, NY; Elmira, NY; or Rochester, NY branch:

Horizon Solutions LLC
Credit Department
PO Box 92367, Rochester, NY 14692
Phone: (585) 424-7376 | Fax: (877) 414-8387 | Email: arhorizon@HS-E.com
Federal Tax ID No. 84-1718506

If your primary place of doing business will be at our Bangor, ME; Holyoke, MA; Manchester, NH; Scarborough, ME; or Taunton, MA branch:

Horizon Solutions LLC
Credit Department
PO Box 6730, Scarborough, ME 04070
Phone: (207) 797-9466 | Fax: (877) 414-8387 | Email: arhorizon@HS-E.com
Federal Tax ID No. 84-1718506