CDC Distributors, Inc.
10511 Medallion Drive
Cincinnati, Ohio 45241

RETURN TO BRANCH INDICATED:

☐ **CINCINNATI** (Corporate)
1-800-678-2321
Fax 513-771-2920

☐ **ST. LOUIS, MO**
314-968-3055
Fax 314-968-2975

☐ **HOLLAND, OH**
1-800-677-2321, ext. 471
Fax 419-754-9820

☐ **SPRINGFIELD, MO**
1-800-299-7887
Fax 417-862-5009

CCA MEMBER: Y / N SALES PERSON #_____

NEW ACCOUNT FORM / CREDIT APPLICATION

PLEASE COMPLETE IN FULL-INCOMPLETE INFORMATION WILL DELAY ESTABLISHMENT OF YOUR ACCOUNT

APPLICANT: _____ DATE: _____

TRADE NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP:_____

TELEPHONE #: _____ FAX #: _____ CELL #: _____

YEAR STARTED: _____ MIN C/L REQ'D: _____ A/P E-MAIL: _____

TYPE (CHECK ONE):

☐ CORP IN STATE OF_____ ☐ LLC (MANAGERS NAME REQUIRED) _____

☐ PROPRIETORSHIP ☐ PARTNERSHIP

PRINCIPAL OWNERS – PARTNERS – MANAGERS (IF LLC)

FULL LEGAL NAME: _____ HOME ADDRESS: _____ CITY / STATE:_____

TELEPHONE: _____ SS #:_____ DR LICENSES: _____

FULL LEGAL NAME: _____ HOME ADDRESS: _____ CITY / STATE: _____

TELEPHONE: _____ SS #:_____ DR LICENSES: _____

TRADE REFERENCES OF OTHER DISTRIBUTORS

SIGNED RELEASE REQUIRED

1. _____ 2. _____ 3._____

PHONE: _____ PHONE: _____ PHONE: _____

FAX: _____ FAX: _____ FAX: _____

BANK REFERENCE

BANK NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY / STATE: _____ ZIP: _____

ACCOUNT # CHECKING: _____ SAVINGS: _____ LOAN#: _____

VERIFICATION

The undersigned hereby verifies that the information contained in this Credit Application, and in all financial statements submitted on behalf of applicant to CDC, are accurate and complete, and made for the purpose of inducing CDC to extend credit to Applicant. Applicant further acknowledges that all invoices are due as stated in the terms, and all balances will, after the terms, incur interest charges of 1.5% per month until paid. Applicant further agrees to pay CDC all costs and expenses incurred by CDC in the collection of any overdue account balances, including but not limited to reasonable attorney fees.

_____ _____

DATE SIGNATURE & TITLE OF APPLICANT

PLEASE ATTACH YOUR LATEST FINANCIAL STATEMENT

PERSONAL GUARANTY
REQUIRED FOR ALL CORPORATIONS

In order to induce CDC to extend credit to Applicant, the undersigned, jointly and severally, hereby personally guarantee absolutely and unconditionally, and on a continuing basis, the payment of all amounts owed by Applicant to CDC, now existing or hereafter arising, including but not limited to all principal balances due, finance charges and cost incurred by CDC in collecting any amounts owed including but not limited to reasonable attorney fees. The undersigned agrees that CDC may proceed directly against the undersigned to obtain collection of any amounts owed without resorting first against the Applicant. The undersigned waives notice of and consents to all charges in terms of credit, extensions of time for payment, further extensions of credit, and the settlement or compromise of any disputes. The undersigned further waives notice of demand or protest. The undersigned represents and warrants that the extension of credit from CDC to Applicant will directly or indirectly, personally benefit the undersigned.

_____ _____

SIGNATURE DATE SIGNATURE DATE