



GLEN DIVE
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1001 Main St • Miles City, MT 59301
406-234-2677 • 888-285-9525

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124 N Central Ave • Sidney, MT 59270
406-433-2677 • 888-866-6646

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701-577-2677 • 800-222-2677

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188 E Villard St • Dickinson ND, 58601
701-483-2898 • 800-222-2677

RAPID CITY
1141 Deadwood Ave • Rapid City, SD 57702
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The electronic version of this form may be filled out using Adobe Acrobat Reader (v7.0 or higher), printed and faxed to 406-377-7175 or emailed to mavester@abcboss.com.

NET 30 TERMS CREDIT ACCOUNT APPLICATION

* All items marked with (*) must be completed or this application will not be accepted.

TYPE OF ACCOUNT BEING REQUESTED

- I WOULD LIKE TO APPLY FOR AN OPEN ACCOUNT WHOSE OUTSTANDING BALANCE IS PLACED ON MY CREDIT CARD MONTHLY
- I WOULD LIKE TO APPLY FOR AN OPEN ACCOUNT WHOSE OUTSTANDING BALANCE IS NET 30 AND WILL SECURE MY ACCOUNT WITH A CREDIT CARD. (ANY BALANCES THAT ARE OUTSTANDING PAST 45 DAYS MAY BE CHARGED TO THE SECURING CARD.
- I WOULD LIKE TO APPLY FOR AN OPEN ACCOUNT WHOSE BALANCE IS NET 30 AND WILL SECURE MY ACCOUNT WITH A PERSONAL GUARANTEE.

BUSINESS INFORMATION

LEGAL BUSINESS NAME*: _____ DBA (if applicable) _____

LOCAL PHYSICAL ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

PHONE#*: _____ FAX #*: _____ COMPANY WEBSITE: _____

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

BILLING or A/P CONTACT NAME*: _____ PHONE#*: _____ FAX #*: _____

BILLING or A/P CONTACT EMAIL ADDRESS*: _____

Invoices and Statements can be delivered by email. Do you wish to have these delivered by email? YES NO

- Send these by email to the Billing contact and email address listed above? YES NO
- Use a different email address and contact? Please provide the additional info below:

NAME: _____ EMAIL: _____ PHONE #: _____

SHIPPING/DELIVERY INFO:

ADDRESS*: _____ CITY*: _____

STATE*: _____ ZIP*: _____ CONTACT NAME: _____ PHONE #: _____

TYPE OF BUSINESS*: CORPORATION S-CORP PARTNERSHIP SOLE PROPRIETOR L.L.C.

If sole proprietorship, please provide the following information:

SOLE PROPRIETOR NAME: _____ SS #: _____

FEDERAL TAX ID NUMBER*: _____ DATE ESTABLISHED*: _____

ARE YOUR ORDERS/PURCHASES TAX EXEMPT?: YES NO IF YES, RESALE #: _____

If yes, please submit your completed state resale certificate or exemption form with this application

ARE PURCHASE ORDER #'s REQUIRED? YES NO

BANK REFERENCE:

1. BANK NAME*: _____ PHONE #*: _____ FAX #*: _____

ADDRESS*: _____ CITY*: _____ STATE*: _____ ZIP*: _____

ACCOUNT OFFICER NAME*: _____

TRADE REFERENCES

1. COMPANY NAME*: _____ PHONE #*: _____ FAX*: _____

ADDRESS*: _____ CITY*: _____ STATE*: _____ ZIP*: _____

2. COMPANY NAME: _____ PHONE #: _____ FAX: _____

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

3. COMPANY NAME: _____ PHONE #: _____ FAX: _____

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

By signing this credit application/agreement, the individual executing this Application below on behalf of the Buyer, individually and personally, represents and guarantees to BOSS, INC. that: 1) he/she 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 relating to this Application or to resolve a dispute with BOSS, INC. will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) the terms and conditions of this Application apply to all sales to Buyer.

Buyer also agrees to pay all bank fees for each check issued by Buyer to BOSS, INC. which is returned to BOSS, INC. unpaid or marked NSF.

By signing this Application, Buyer agrees to all of the above and hereby grants BOSS, INC. permission to obtain Buyer's credit information and verification by company(ies) and financial institution(s) that the Buyer has specified on this document and from others that BOSS, INC. becomes aware of during the credit review process. From time to time, at Sellers request, Buyer agrees to furnish current financial information. The undersigned also understands that BOSS, INC. will retain the Application, whether or not it is approved, and that BOSS, INC. will consider this Application as a continuing statement of the undersigned's financial position and situation until notified otherwise by the Buyer.

In order for BOSS, INC. to sell to and continue to sell to Buyer, Buyer hereby represents and guarantees that it is solvent and that it pays its obligations as they become due. The preceding representation and guarantee will be deemed to be repeated in each purchase by Buyer.

Faxed documents will be deemed as original. No oral agreements will be accepted. The terms on this credit application/agreement overrides all others.

I (we) understand that the information furnished above is for the purpose of obtaining credit from BOSS, INC. and that I (we) authorize in my (our) capacity to bind my (our) firm accordingly. That all monies due BOSS, INC. shall be due and payable at BOSS, INC. and that your terms are NET 30 DAYS. That all past due accounts, notes or judgments will automatically draw interest at the current maximum rate allowed for open account transactions in the State of Montana.

LEGAL COMPANY NAME*: _____

AUTHORIZED SIGNATURE*: _____ DATE*: _____

SIGNATORY NAME (PLEASE PRINT)*: _____ TITLE*: _____

CREDIT CARD INFORMATION (DISREGARD IF YOU ARE GIVING A PERSONAL GUARANTEE

TYPE OF CARD: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ISSUING BANK _____

CARD HOLDER'S NAME (AS IT APPEARS ON THE CARD): _____

BILLING ADDRESS ON CREDIT CARD STATEMENT (CITY, STATE, ZIP): _____

CREDIT CARD #: _____ EXP DATE: _____ CVC CODE: _____

CARD HOLDER'S SIGNATURE: _____

CARD HOLDER'S PHONE #: _____

PERSONAL GUARANTEE INFORMATION (DISREGARD IF SECURING WITH CREDIT CARD).

In consideration of the credit being extended to the above firm, I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, completed and continuing one and no notice of indebtedness or any extension of credit already or hereafter contracted by or extended to, need be given. The terms may be rearranged, extended and/or removed without notice to me. That I will, within five (5) days from the date of notice of past due account, pay the full amount due.

AUTHORIZED SIGNATURE: _____ DATE: _____

SIGNATORY NAME (PRINT ONLY): _____ TITLE: _____

THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER TO BE CONSIDERED FOR CREDIT TERMS.