



Neet Products, Inc.

5875 E. HIWAY 50 SEDALIA, MO 65301 PHONE 660-826-6762 FAX 660-826-4942

DEALER APPLICATION

All information will be kept in confidence and used only in determining your qualifications for establishing the terms of future business transactions with Neet Products, Inc. All reference inquires are sent by mail. Please allow 3 weeks for processing. Immediate shipments can be processed by C.O.D. cash and will show a 3% discount.

PLEASE RUSH MY FIRST ORDER C.O.D. CASH.

CREDIT DEPT. USE ONLY

ACCT. NO. _____

REF SENT _____

TERMS _____

CR LT _____

AUTH BY _____

DATE _____

IMPORTANT:
FILL OUT AND SIGN
FORM ON BACK



NAME OF FIRM _____

BILLING ADDRESS _____ SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____ PHONE () _____

TYPE OF OWNERSHIP: PROPRIETORSHIP PARTNERSHIP CORPORATION
YEARS IN BUSINESS _____ EMPLOYEES FULL TIME _____ PART TIME _____
TYPE OF SALES RETAIL WHOLESALE MAIL ORDER
ANNUAL GROSS SALES _____

NAMES OF OWNERS, PARTNERS, OR OFFICERS:

NAME _____ TITLE _____ PHONE () _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ PHONE () _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

TERMS REQUESTED: C.O.D. OPEN ACCOUNT VISA/MASTERCARD NO. _____ EXP. _____

CREDIT REFERENCES: LIST FOUR SUPPLIERS THAT SERVICE YOU AS REQUESTED ABOVE, (open account requires four open account references).

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ PHONE _____ FAX _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ PHONE _____ FAX _____

YOUR BANK _____ OFFICERS NAME _____

ADDRESS _____ PHONE () _____

CITY _____ STATE _____ ZIP _____ CHECKING ACCOUNT SAVINGS ACCOUNT

I hereby certify that the information set forth above, together with all information submitted in connection with this application is true and correct. I understand that Neet Products, Inc. will rely on this information in extending credit to me.

Open account terms are net 45 from date shipped. By law a finance charge of not more than 1 1/2% per month will be assessed on any past due invoice. Rate is governed by individual state laws.

I have read and understand the terms of sale stated above and agree that such terms apply to all transactions with Neet Products, Inc.

SIGNATURE AND TITLE OF PERSON COMPLETING THE ABOVE INFORMATION _____ DATE _____

PERSONAL GUARANTEE

I hereby agree to pay to Neet Products, Inc. all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation. In consideration of Neet Products, Inc. extending credit to the above applicant, the undersigned does hereby individually and personally guarantee to Neet Products, Inc. the sum or sums of money as may at anytime hereafter become due to Neet Products Inc. from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

DATE _____ SIGNATURE OF OWNERS X _____

DATE _____ SIGNATURE OF OWNERS X _____

**MULTI-JURISDICTION
 SALES TAX EXEMPTION CERTIFICATE**

Issued to	Address	City	State	Zip Code
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I certify that

Name of Firm (Buyer)		
Street Address or P.O. Box No.:		
City	State	Zip Code

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Lessor (*See note on reverse side.)
- Other _____

is registered with the below 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.

Product or Services Rendered

State	State ID No.	City or State	State Registration or ID No.
City or State	State Registration or ID No.	City or State	State Registration or ID No.
City or State	State Registration or ID No.	City or State	State Registration or ID No.

I further certify that if any property so purchased tax free is used 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 us in writing or revoked by the city or state.

General description of products to be purchased from the seller:
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I swear or affirm that the information on this form is true and correct as to every material matter.

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