

CHECK ACCEPTANCE APPLICATION



CUSTOM SUPPLY, INC.
2509 5TH Ave. South
Birmingham, AL 35233
Phone: 205/252-0141
Fax: 205/251-1718

Salesperson: _____

Date: _____

Business Name _____

Phone _____ Fax _____

Please check one: Corporation () Proprietorship () Partnership ()

Customer Contact _____ AL DL # _____

Address _____ Date of Birth _____

_____ SS # _____

Resale # _____ Copy of resale or exemption certificate required.

TRADE REFERENCES (Required)

Company _____ Account # _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____

Company _____ Account # _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____

AGREEMENT

1. ALL PURCHASES ARE DUE AND PAYABLE UPON RECEIPT. Returned checks are subject to a minimum \$20.00 service charge and will be turned over for collection if not paid within 10 business days. A nonrefundable deposit will be required on certain special order items.
2. Orders may be cancelled only upon agreement with Custom Supply, Inc., and upon payment of reasonable charges based on expenses incurred by Custom Supply, Inc. in processing the order.
3. The business indicated above waives all rights of exemption and agrees to pay for all reasonable collection agency, attorney and court fees and other expenses involved in the collection of charges or enforcement of Custom Supply, Inc.'s rights under this agreement. All parties to this agreement agree to be jointly and severally liable for adherence thereto. Interpretation of this agreement shall be according to the laws of the State of Alabama and the proper venue for and any action under this agreement will be Jefferson County, Alabama.
4. The provisions of this agreement are severable so that the invalidity, unenforceability or waiver of any provision shall not affect the remaining provisions.
5. Custom Supply, Inc. may verify customer's credit information as it deems necessary.
6. The undersigned certifies that the information given in this application is true and correct to the best of their knowledge.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

Unsigned, altered or incomplete forms cannot be processed.