



ALL FLEX SOLUTIONS, INC. APPLICATION FOR CREDIT

IMPORTANT REQUIREMENTS

1. Regardless of requested terms, we require the following information: banking (checking, loan, industry trade references along with relevant fax numbers).
2. This Credit Application must be signed by either an officer or the owner of the respective business.
3. **Failure to fully complete all sections of this application or to provide us with the necessary information requested in legible form will delay the processing of your credit application.**
4. If this application is faxed or e-mailed, the original must be mailed to All Flex Solutions, Inc., 1705 Cannon Lane, Northfield, MN 55057: Attention Customer Support.
5. All Flex complies with the Equal Credit Opportunity Act.

*Items with asterisks are required

| GENERAL INFORMATION * | | |
|--|-----------------------------|----------------------------------|
| Business Legal Name*: | Business Trade Name: | |
| Business Address (street)*: | Shipping Address (street)*: | |
| City/State/ZIP*: | City/State/ZIP*: | |
| Business Address (if different): | | |
| Business Phone*: | Business Fax*: | E-Mail: |
| Officer/Owner Name: | Title: | Social Security (if applicable): |
| Officer/Owner Name: | Title: | Social Security (if applicable): |
| Home Address: | | |
| Federal ID#*: | Kind of Business*: | Dun and Bradstreet #: |
| AP Contact Phone #*: | Ext #: | AP Email Address: |
| Are purchases exempt from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, resale or exemption certificate must be attached for each ship-to location. | | |
| Have you ever applied for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Filed: _____ Status: _____ | | |
| Requested Credit Limit: | | |



| DESCRIPTION OF BUSINESS * | |
|---|--|
| This company is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | |
| Incorporated/Organized On: Length of Time Operating Under Above-Named Business: Length of Time At Above Address: Parent Company (if applicable): Pledge or borrow on A/R? Inventory? From Whom? State if business building is mortgaged or leased and if so, to whom? NOTICE: Applicant agrees to notify All Flex of any change in description as set forth above by certified mail addressed to All Flex Solutions, Inc., 1705 Cannon Lane, Northfield, MN 55057 | |
| BANK INFORMATION * | |
| 1st Bank: | 2nd Bank: |
| Address: | Address: |
| Account Officer: | Account Officer: |
| Phone #: Fax #: | Phone #: Fax #: |
| Checking Account Number: | Checking Account Number: |
| Loan Number: | Loan Number: |
| PRIMARY TRADE REFERENCES (provide at least four (4) references) * | |
| 1st Trade Reference: | 2nd Trade Reference: |
| Address: | Address: |
| E-Mail Address: | E-Mail Address: |
| Phone #: Fax #: | Phone #: Fax #: |
| 3rd Trade Reference: | 4th Trade Reference: |
| Address: | Address: |
| E-Mail Address: | E-Mail Address: |
| Phone #: Fax #: | Phone #: Fax #: |



This application is submitted by Applicant

to All Flex Solutions to obtain trade credit, PAGE 2 OF 3 ince by All Flex Solutions, will become a binding agreement between Applicant and All Flex Solutions. Applicant hereby certifies that the above information is complete and accurate and Applicant has authority to apply for credit on behalf of herein named business. All Flex Solutions will have therefore entered into that agreement in reliance on the information submitted by Applicant in this application. **Consent is hereby given for the foregoing information on Applicant to be verified or inquired upon either directly or indirectly through a credit reporting agency, bank(s), and companies listed on this application, from time to time as needed.** Applicant recognizes, however, that All Flex Solutions may rely upon the information contained in this application whether or not it independently verifies its accuracy.

If the undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the Applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Applicant agrees to make payment in full to All Flex Solutions for all amounts due according to All Flex Solutions Invoice(s). All transactions with All Flex Solutions are subject to All Flex Solutions standard terms and conditions, applicable contract documents and the invoice payment terms and conditions. A finance charge at the maximum legal rate up to 1 ½% per month may be assessed on the past due invoices. Should Applicant default in any such payment(s), All Flex Solutions shall have the right, commence any action or actions, or otherwise seek to enforce this agreement against Applicant, Applicant agrees to pay reasonable attorney(s) fees, court costs, and other expenses incurred by All Flex Solutions, whether or not suit is filed. This agreement is strictly confidential and is not transferrable or assignable without the prior written consent of All Flex Solutions. No act or omission of All Flex Solutions will be deemed to constitute a waiver of any of its rights absent to an express, written statement to that effect. **Applicant agrees that any change in liability for any debts incurred to All Flex Solutions due to change in Applicant's form of business or ownership shall not be effective as All Flex Solutions until All Flex Solutions receives actual notice of the change by certified mail.**

Signed as of this _____ day of _____, 20_____

Officer/Owner (Authorized Signature): _____

Printed Name: _____ Title: _____

This form can be completed on-line but not submitted online because an actual signature is required. Proceed to print out this form, sign it, and fax it to us at: 507-645-2950. Email: customersupport@allflexinc.com