

**Malme Supply , Inc.**  
1601 7th Ave North  
Fargo, North Dakota 58102

ACCOUNT # \_\_\_\_\_

EXACT BUSINESS NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PO BOX # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_/\_\_\_\_\_

TYPE OF OWNERSHIP: SINGLE \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

OWNERS: NAME HOME ADDRESS PHONE NUMBER SOCIAL SECURITY #

1. \_\_\_\_\_

2. \_\_\_\_\_

BANK NAME \_\_\_\_\_ FINANCE OFFICER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BANK PHONE NUMBER \_\_\_\_\_/\_\_\_\_\_

CREDIT REFERENCES:

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_/\_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_/\_\_\_\_\_

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_/\_\_\_\_\_

4. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_/\_\_\_\_\_

I hereby authorize **Malme Supply Inc.** to make inquiries into my/our credit history. I understand terms of all sales are NET 10<sup>TH</sup> PROX. Unless otherwise stated. Remittances on account which are due must be received by **Malme Supply Inc.** by the 15<sup>th</sup> of the month or the account will be placed on C.O.D. I understand a 20% handling charge will be made on returned merchandise and all returns must have an authorization number from our office. I understand and agree that a service charge of 1-1/2% per month computed at the rate of 18% per annum will be added to all past due accounts. This agreement is governed by North Dakota law.

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement and further agrees to its term regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Note: SALES TAX must be charged by STATE LAW unless we receive a signed Sales Tax Card. If you did not receive a form please call.

UNIFORM SALES & USE TAX CERTIFICATE FORM  
SALES TAX EXEMPTION CERTIFICATE  
MULTI-JURISDICTION

Issued to (Seller) Malme Supply Inc.	Address		
I Certify That	Name of Firm (Buyer)		
	Street Address or P.O. Box No.		
	City	State	Zip Code

Is engaged as a registered <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Lessor (see instructions) <input type="checkbox"/> Other (Specify) _____	and is purchasing for <input type="checkbox"/> Resale <input type="checkbox"/> Processing <input type="checkbox"/> Leasing <input type="checkbox"/> Other _____
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and 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 in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

\*\*\*\*\*  
 Describe general nature of business. \_\_\_\_\_

***** 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 Sales or Use Tax we will pay the tax due direct to the proper authority when state law so provides or inform the seller for added tax billing.

\*\*\*\*\*  
 General description of products to be purchased from the seller.

Under penalties of perjury, 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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