



CUSTOMER REQUIREMENTS FORM

CUSTOMER NAME	CUSTOMER EMAIL ADDRESS <i>For shipping confirmation.</i>

CUSTOMER CONTACT <i>Primary contact.</i>	EMAIL ADDRESS <i>For primary contact.</i>	TELEPHONE

CUSTOMER CONTACT <i>Invoices / payment.</i>	EMAIL ADDRESS <i>For emailed invoices.</i>	TELEPHONE

BILL TO ADDRESS	SHIP TO ADDRESS <i>Write same if no change from billing.</i>
STREET:	STREET:
PO BOX:	LINE 2:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
CONTACT:	ATTENTION:

HOW SHOULD A BACKORDER BE HANDLED?
<input type="checkbox"/> SHIP ALL ORDERS COMPLETE <input type="checkbox"/> PARTIAL SHIPMENT ACCEPTED <input type="checkbox"/> CANCEL ANY BACKORDERED ITEM <i>Our standard practice is to contact customers when an order will not be shipped complete.</i>

PLEASE PROVIDE DETAILS FOR ANY SPECIAL CARTON LABELING, BILLING, OR SHIPPING REQUIREMENTS

BATTERY LABELING
<input type="checkbox"/> APPLY PRIVATE LABEL AS APPROVED BY OUR COMPANY <input type="checkbox"/> APPLY POWER PRODUCTS LABEL

----- **THIS SECTION TO BE COMPLETED BY POWER PRODUCTS** -----

PPU SALES CONSULTANT	CUST TYPE	REP CODE	DATE RECEIVED	APPROVALS <i>Initials.</i>

PRICE LEVEL / SPECIAL PRICING / DATES EFFECTIVE	
CONTRACT NUMBER / DATES EFFECTIVE	
PAYMENT TERMS	
FREIGHT TERMS	
OTHER REQUIREMENTS	
CHECK OTHER FORMS RECEIVED	<input type="checkbox"/> CREDIT APPLICATION <input type="checkbox"/> RESALE CERTIFICATE <input type="checkbox"/> CREDIT CARD AUTHORIZATION FORM

Please sign completed application and return with a copy of your reseller certificate to Power Products, 1855 Lockeway Drive, Building 500, Alpharetta, GA 300. Thank you. **Toll Free:** 800-529-1618 • **Fax:** 770-569-1844 • **Rep Code** _____

GENERAL INFORMATION			
LEGAL BUSINESS NAME:		TELEPHONE:	
BUSINESS ADDRESS:		FAX:	
CITY:	STATE:	ZIP:	
PREVIOUS ADDRESS IF LESS THAN ONE YEAR:			
FEDERAL ID NUMBER:		STATE ID NUMBER:	
ACCOUNTS PAYABLE TELEPHONE:		EMAIL FOR INVOICES:	

PARTNERSHIP OR PROPRIETORSHIP			
NAME	SOCIAL SECURITY #	HOME ADDRESS	SPOUSE'S NAME

CORPORATION			
NAME OF OFFICERS	TITLE	HOME ADDRESS	SOCIAL SECURITY #
	<i>President</i>		
	<i>Vice President</i>		
	<i>Other</i>		

PRINCIPAL SUPPLIERS			
NAME	ADDRESS	TELEPHONE	FAX / EMAIL (Important)

Does company or individual own real property? YES, BY COMPANY YES, BY INDIVIDUAL If YES, provide address below.

ADDRESS: _____

NAME OF BANK:	BRANCH:	ACCOUNT #:
CONTACT PERSON:	TELEPHONE:	FAX/ Email:

AGREEMENT	<p>We herein make application to Power Products Unlimited, LLC (PPU) for credit and / or to update and reconfirm our existing account balance with PPU. Applicant agrees to provide PPU with a current financial statement if requested. If credit is granted, we promise to pay all bills when rendered. Should credit privileges be denied, you may have the right to know why. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Applicant also agrees to pay interest and finance charges at the highest rate authorized by law. Applicant understands that all billing, accounts receivable, and credit functions of this firm are processed through headquarters in Forsyth County, GA at the option of PPU. Applicant specifically that they are waiving their rights to litigate outside of Forsyth County, GA. Applicant gives their permission to PPU and / or its agents to verify and / or supplement the information stated hereon.</p> <p>Signed By : _____ Date: _____</p>
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GUARANTEE	<p>The undersigned agrees to unconditionally guarantee payment of all sums pursuant to this Agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked, except by written notice to creditor.</p> <p>Signed By (Guarantor): _____ Date: _____</p> <p>Signed By (Guarantor): _____ Date: _____</p>
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Power Products Authorized Signature: _____	Date: _____
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CREDIT CARD AUTHORIZATION FORM

CONTACT INFORMATION	REP CODE:
COMPANY NAME:	TAX ID NUMBER:
EMAIL <i>Primary Contact</i> :	TELEPHONE <i>Primary</i> :
EMAIL <i>For Receiving Invoices</i> :	TELEPHONE <i>Accounting</i> :

CARDHOLDER AGREEMENT
<p>CREDIT CARD HOLDER HEREBY AUTHORIZES POWER PRODUCTS UNLIMITED, LLC (PPU) TO CHARGE PURCHASES TO THE CREDIT CARD ACCOUNT PROVIDED AND TO HAVE PURCHASES SHIPPED TO THE ADDRESS BELOW. CARDHOLDER AGREES TO FULL RESPONSIBILITY FOR PAYMENT OF ALL FUTURE PURCHASES AND THAT THIS AUTHORIZATION REMAINS IN EFFECT UNTIL CANCELLED IN WRITING.</p> <p>CHECK CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>SECURITY CODE ON CARD (3 OR 4 DIGITS) _____ EXPIRATION DATE _____</p> <p>CARD NUMBER _____</p> <p><input type="checkbox"/> CHARGE UNTIL AUTHORIZATION CANCELLED <input type="checkbox"/> CHARGE THIS PURCHASE ONLY (\$ _____)</p> <p>CARDHOLDER'S SIGNATURE _____ DATE _____</p> <p>NAME ON CREDIT CARD (PLEASE PRINT) _____</p> <p>CREDIT CARD BILLING ADDRESS _____</p> <p>_____</p> <p>BANK NAME _____ BANK TELEPHONE _____</p>

SHIP TO ADDRESS <input type="checkbox"/> USE ABOVE ADDRESS <input type="checkbox"/> USE ALTERNATE ADDRESS BELOW
COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

INSTRUCTIONS
COMPLETE ALL INFORMATION REQUESTED. FAX or EMAIL THIS FORM WITH CARDHOLDER SIGNATURE TO: POWER PRODUCTS, ATTENTION: HOLLY WETTINGFELD FAX NUMBER: 770-569-1844 . QUESTIONS? EMAIL or CALL: holly@powerproducts.com / 800-529-1618 x130. THANK YOU.