



## INTEGRATION ACCOUNT

LEGAL BUSINESS NAME:		DBA:	
BUSINESS ADDRESS:	RES ADDR: <input type="checkbox"/>	PRIMARY SHIP TO ADDRESS:	RES ADDR: <input type="checkbox"/>
CITY, STATE, ZIP CODE:		RECEIVING CONTACT: RECEIVING PHONE:	RECEIVING HOURS:
BUSINESS TELEPHONE:		DELIVERY INSTRUCTIONS:	DOCK: <input type="checkbox"/> FORKLIFT: <input type="checkbox"/>
BUSINESS FAX:		PURCHASING PHONE:	
ACCT PAY CONTACT:		PURCHASING CONTACT:	
ACCT PAY EMAIL ADDRESS:	EMAIL INVOICES TO:	PURCH EMAIL ADDRESS:	
COMPANY WEBSITE:		BUSINESS TYPE:	<input type="checkbox"/> CORP <input type="checkbox"/> SOLE PROP <input type="checkbox"/> PRTSHP <input type="checkbox"/> OTHER
YEARS IN BUSINESS:		ADDITIONAL CONTACT:	
TAX EXEMPT: <small>(attach certificates)</small>	<input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY/PARISH	TIN/SSN:	SIC Code:
DUNN & BRADSTREET #:		ESTIMATED MONTHLY PURCHASE (\$):	
CURRENT ACCOUNT #:			

## PRINCIPAL OWNERS OR OFFICERS

NAME:	TITLE:
HOME ADDRESS:	HOME PHONE:
EMAIL:	FAX:
NAME:	TITLE:
HOME ADDRESS:	HOME PHONE:
EMAIL:	FAX:
NAME:	TITLE:
HOME ADDRESS:	HOME PHONE:
EMAIL:	FAX:

## BANK INFORMATION

BANK NAME:	CONTACT:
ADDRESS:	ACCOUNT #:
DEFAULT PAYMENT:  <input type="checkbox"/> DRAFT(DEFAULT) <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	TELEPHONE:
	FAX:

## SALES AGREEMENT

The undersigned, in consideration for the extension of credit by RelaDyne, Inc. and its subsidiaries and assigns, "Seller," agrees to pay its account per Seller's then current billing terms –and further, that a monthly service charge of 1.5% (18% per annum) will be added on any past due portion, and this 1.5% monthly (18% per annum) rate of interest shall apply to any Judgment obtained against the undersigned in the event of default in payment. In the event of such default in payment, the undersigned agrees to pay all costs of collection, including but not limited to, a reasonable attorney fee whether suit be brought or not, when incurred for consultation, litigation, post-Judgment collection procedures (discovery, garnishment, levy, contempt proceedings and Proceedings Supplementary), and appellate services, as well as attorney fees incurred in litigating entitlement to, and quantifying the amount of, attorney fees. The undersigned agrees that regardless of place of payment all suits at law or in equity for any breach of this agreement or for default in payment shall be instituted and maintained in a court of competent jurisdiction in Hamilton County, Ohio, and the undersigned waives any venue/forum non-convenes rights and right to jury trial. The undersigned certifies that the information contained in the Credit Application is true and correct and further agrees that any changes in ownership or officers, or form that the business operates as, shall be made known to Seller in writing and delivered to Seller by certified U.S. Mail, return receipt requested, or by a nationally recognized courier service or said changes shall be ineffective as to Seller's enforcement of the terms of this agreement. The undersigned shall report any dispute concerning any billing within thirty days from the date of such billing in writing by certified mail, return receipt requested or by a nationally recognized courier service. Failure to report any such dispute shall constitute a waiver of any claim by the undersigned with respect to such dispute. This agreement contains the entire agreement between the parties and may not be modified or amended except by a writing signed by Seller. The undersigned acknowledges that it is an ordinary and customary record-keeping business practice of Seller to scan or otherwise convert its Sales Agreements into digital form for the purpose of electronic storage and that the original may be destroyed. The undersigned agrees that any subsequent reproduction of the electronically stored version of this Sales Agreement that may later be produced in the ordinary course of record-keeping procedure shall have the same force and effect of the destroyed original for all purposes, including admissibility into evidence in all jurisdictions, courts, and tribunals. The terms of this agreement shall be governed by the laws of the State of Ohio and the undersigned submits to the jurisdiction of the Courts of the State of Ohio.

<b>SIGNED:</b>		<b>PRINT NAME:</b>	
<b>TITLE:</b>		<b>DATE:</b>	

**SIGNATURE REQUIRED BY AN AUTHORIZED SIGNER ONLY.**  
**ALTERATIONS TO THE SALES AGREEMENT WILL NOT BE ACCEPTED.**



RelaDyne – Credit Department  
 2335 S. Forbes Drive, Montgomery, AL 36110  
 Phone: 334-777-2924

If you chose Default Payment Type of Credit Card, please complete and return this page.

## CREDIT CARD AUTHORIZATION

LEGAL BUSINESS NAME:	
----------------------	--

I, \_\_\_\_\_, authorize RelaDyne and its subsidiaries to charge my credit card(s) below for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Bill all charges to the below card(s). Since the payment amounts may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

This authorization is valid for ALL transactions with RelaDyne until I provide you with written cancellation.

### Primary Card

### Secondary Card

CARD TYPE:	Visa      MasterCard Discover   AMEX Other:	CARD TYPE:	Visa      MasterCard Discover   AMEX Other:
CARDHOLDER NAME:		CARDHOLDER NAME:	
CREDIT CARD NUMBER:		CREDIT CARD NUMBER:	
EXPIRATION DATE:	/	EXPIRATION DATE:	/
SECURITY CODE (CVV):		SECURITY CODE (CVV):	
BILLING ADDRESS:		BILLING ADDRESS:	
SIGNATURE:		SIGNATURE:	
DATE:		DATE:	

**Note:** RelaDyne accepts Credit Cards for Point-of-Sale transactions in accordance with the agreements in place with the Credit Card providers. If the Credit Card is used to pay for product at the time of invoicing, RelaDyne will absorb the processor's fee. If Customer requests to pay invoices by Credit Card at any other time, RelaDyne will add the processor's fee of 3% to the invoice amount(s) being paid. By signing above, Customer acknowledges this handling.



RelaDyne – Credit Department  
 2335 S. Forbes Drive, Montgomery, AL 36110  
 Phone: 334-777-2924

If you chose Default Payment Type of DRAFT, please complete and return this page.

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION**

LEGAL BUSINESS NAME:	
----------------------	--

I, \_\_\_\_\_, authorize RelaDyne and its subsidiaries to initiate debit and/or credit entries to Customer’s account at Customer’s financial institution, as indicated below, relative to payment by Customer for products purchased from RelaDyne.

**Bank Information**

FINANCIAL INSTITUTION NAME:	
ADDRESS:	
TRANSIT / ABA NUMBER:	
ACCOUNT NUMBER:	

**Bank Contact**

NAME:		PHONE:	
-------	--	--------	--

**Please attach a voided check for your account referenced above to ensure accurate and proper drafting.**

This agreement will be effective as to RelaDyne’s invoices stated after RelaDyne’s acceptance of this agreement and will remain in effect until terminated by either party by giving fifteen (15) days prior written notice to the other party. Notice of termination of this agreement will in no way affect any debit or credit transaction initiated prior to the expiration of this agreement, nor release Customer from its payment obligations to RelaDyne for products purchased from RelaDyne for which payment is outstanding at the time of termination of this agreement.

Customer further authorizes the named financial institution to debit and/or credit Customer’s account as set forth in this agreement. Entries, debits and credits to Customer’s account will be made only as authorized by the terms of this agreement. RelaDyne agrees that no single entry initiated under this agreement will be in excess of the amount due unless specifically authorized by the Customer. Customer agrees to reimburse RelaDyne for any administrative, legal and/or banking costs and expenses incurred or charged to RelaDyne as a result of returned items.

I understand and acknowledge that this credit application, the authorization, and all terms and conditions apply to any transactions conducted with RelaDyne and its subsidiaries.

NAME:		SIGNATURE:	
TITLE:		DATE:	