



CREDIT APPLICATION

Company Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Ship to Address: _____

City: _____ State: _____ Zip: _____ - _____

- Check type(s) of business:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Grocery/Food Service | <input type="checkbox"/> Janitor Supply | <input type="checkbox"/> Restaurant Supply |
| <input type="checkbox"/> Paper Supply | <input type="checkbox"/> Candy-Tobacco | <input type="checkbox"/> Marine Wholesaler |
| <input type="checkbox"/> Automotive Supply | <input type="checkbox"/> Master Distributor | <input type="checkbox"/> Paper Re-Distributor |
| <input type="checkbox"/> Farm Supply | <input type="checkbox"/> Retailer | <input type="checkbox"/> Hardware Wholesaler |
| <input type="checkbox"/> Other: _____ | | |

President or Owner: _____

Contact Person: _____

Check Company Type: Proprietorship Partnership Corporation Year business started: _____

Federal EIN#: _____ - _____ or SS#: _____ - _____ - _____

Estimated annual purchases: \$_____ Credit desired: \$_____

TRADE REFERENCES - You must provide at least three (3) current references of Companies with whom you have been doing business on credit terms for at least 3 months. Secured creditors will not be considered. **PLEASE PROVIDE FAX NUMBER IF AVAILABLE.**

	Name	City, State	Fax Number	Phone Number
(1)	_____	_____	_____ - _____ - _____	_____ - _____ - _____
(2)	_____	_____	_____ - _____ - _____	_____ - _____ - _____
(3)	_____	_____	_____ - _____ - _____	_____ - _____ - _____
(4)	_____	_____	_____ - _____ - _____	_____ - _____ - _____

NOTICE: Our minimum order size for credit terms is \$750. All orders less than \$750 are shipped cash or check in advance. No COD Shipments. In applying for credit terms we understand that a 1.5% monthly finance charge will be assessed for any past due balance and agree to pay same. If any suit is filed to collect any past due balances, the undersigned agrees to pay reasonable attorney's fees and costs in connection with said suit. The undersigned agrees that the situs of all business conducted between Zephyr and the undersigned is Pettis County, Missouri, and that any action at law, suit or equity or other judicial proceedings in connection with any such business may be instituted in the courts of Pettis County, Missouri.

Signature of Owner, Partner, or Corporate Officer: _____ Date: ____/____/____

Please Type or Print Name: _____ Title: _____

You must complete the Sales Tax Exemption Certificate on the back!!

SALES TAX EXEMPTION CERTIFICATE • MULTI-JURISDICTION



Manufacturing Co. Inc. • P.O. Box 71 • Sedalia, MO 65302

I certify that:

Name of Firm (Buyer)		
Street Address or P.O. Box No.:		
City	State	Zip Code

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer

is registered with the below listed states and cities within which Zephyr 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 are in the business of wholesaling, retailing, or manufacturing the following:

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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.
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 a Sales or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform Zephyr for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from Zephyr:
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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

Zephyr Manufacturing Company sells wholesale cleaning supplies only to companies who purchase our products for resale. As a matter of Company policy, we do not sell directly to users of our products. Therefore it is a requirement of the credit approval process that the above Exemption Form be completed. Thank You for considering Zephyr as your

One Stop Source for Quality Cleaning Products™

Zephyr Manufacturing Co.
 200 Mitchell Road
 PO Box 71
 Sedalia, MO 65302-0071
 660-827-0352, 800-821-7197
 Fax 660-827-0713, 800-676-5807
 Email: info@zephyrmfg.com



Members of: American Brush Manufacturers Association, Sanitary Supply Wholesalers Association, International Sanitary Supply Association