



ORS Nasco

Pure Wholesale. Pure Value.

Account Application

**ALL AREAS MUST BE COMPLETED
NO STANDARD APPLICATIONS WILL BE ACCEPTED**

ORS Nasco is a pure wholesale, pure value organization that exists to service our distributor partners and offers a wide-ranging product portfolio in the industrial, welding, safety, electrical, construction, and oilfield channels. Throughout our long history we have demonstrated our commitment to our partners by offering competitive pricing, high service levels, and by never selling to the end user in competition with our partners.

To receive our marketing literature (catalogs, flyers, etc.) please fill out the information in full below and include a business card.

Please list any additional branch location(s) information with contact, address and phone number and submit with application.

Contact Person: _____ Title: _____

Business Name: _____ Business Phone: _____

Billing Address _____ Business Fax: _____
(Street) (City) (State) (Zip Code)

E-Mail Address _____

1.800.678.6577

www.orsnasco.com

P.O. Box 249 . 2348 East Shawnee . Muskogee, OK 74403 . (918) 687-5441 . Fax (918) 682-5936



2348 East Shawnee . Muskogee, Oklahoma 74403 . 918.687.5441 . Fax 918.682.5936

* YOU MUST INITIAL & RETURN THIS PAGE WITH YOUR APPLICATION. (AGREED TO “AS IS”)

ORS NASCO DISTRIBUTOR REQUIREMENTS:

In keeping with ORS Nasco’s Pure Wholesale – Pure Value proposition, we sell only to bona fide distributors (as stated by Dunn & Bradstreet) who sell their products exclusively to the end-user*. Distributors must have a tax re-sale certificate from the state in which they are doing business and submit a copy of that certificate with their application for an account to be established. Distributors must have infrastructure to include: a commercial place of business, inventory, trucks, adequate personnel to operate the business, and systems developed and designed to service the end-user customer. Adequate inventory must be stocked at either the primary or throughout multiple locations commensurate with the primary vertical market the distributor trades in.* ORS Nasco reserves the right to reverse account open status if it is found that the account is not in keeping with the overall strategy of the company and/or the past credit history is found to be beyond the stated terms of ORS Nasco.

IMPORTANT

TERMS AND CONDITIONS

Price in effect at time of shipment. All orders are subject to acceptance of **ORS Nasco** Terms and conditions which are subject to change without notice.

PAYMENT POLICY

TERMS: 1%, 10 DAYS/NET 30 days from date of invoice. Maximum allowable service charge assessed on **past due** invoices. Customer is responsible for all collection costs and/or attorney’s fees (where allowed by law) in connection with **ANY** delinquent amount. There is a \$35 fee for **ALL** returned checks.

INTERNATIONAL customers will be invoiced in U.S. Dollars.

FREIGHT POLICY

All shipments are F.O.B. shipping point with the following allowance: Freight will be prepaid for **\$1,500.00 net invoice shipment**. All items shipped within the Continental U.S. can be combined to fulfill the above requirements except items stated in the price book as not being applicable for freight terms or policies.

*** All shortages/damages must be noted on the original freight bill from carrier and communicated to ORS Nasco within 10 working days. (All damages/shortages not noted on original freight bill will not be issued credit.)**

FULL PACKAGE SHIPMENTS ONLY

Full package quantity orders are requested but not mandatory. **All aerosol and liquid products, will be shipped in full package quantities only.**

ROUTING

We reserve the right to specify the routing on all shipments on which there is a freight allowance. If transportation other than what we specify is used, the customer must assume any additional charges if the cost is higher. All accessorial charges are subject to additional fees. Hazardous materials (HAZMAT) shipments maybe limited to restrictions via carriers.

RETURNED GOODS

MATERIAL RETURN AUTHORIZATION must be obtained from **ORS Nasco** before returning materials. All returned goods are subject to **inspection, must be in original container, and be in resalable condition.** All returns will be subject to a **restocking fee.** **Special-ordered items are non-returnable.**

Proof of delivery MUST be requested within 30 days of invoice date or customer assumes responsibility for invoice.

RESPONSIBILITY

Claims, shortages, damaged or defective goods should be reported within 10 days upon receipt of shipments. Claims for shortage or damaged material caused by common carrier must be noted at once and filed against carrier responsible. The value of defective material is the limit of liability. We endorse the guaranties of the manufacturers; however, we cannot be responsible for their material not covered by the guaranty.

SMALL ORDER CHARGE

All net orders less than \$100.00 will incur the current small order charge service fee.

I agree to the above terms.
(Please Initial)

**ORS Nasco
ACCOUNT APPLICATION**

Date: _____

How Applied: Phone In Person Fax/Mail

Person Completing Application

How did you find out about ORS Nasco - who referred/what company _____

Business Name _____ Phone: _____ Fax: _____

D/B/A _____

Billing Address _____ County: _____
(Street) (City) (State) (Zip Code)

Shipping Address _____ For Past _____ Years
* Must be a commercial location (Street) (City) (State) (Zip Code)

E-Mail Address _____

Type of Business _____ Date Established (Current Owner) _____ Company URL _____

No. of Employees _____ No. of Locations _____ Est. Annual Sales _____

PRIMARY CONTACTS:

President: _____
(Name) (Phone #) (Cell#)

Vice President: _____
(Name) (Phone #) (Cell#)

Purchasing Agent: _____
(Name) (Phone #) (Cell#)

OWNERSHIP: Sole Owner Partnership Corporation

DESIRED CREDIT LIMIT*: _____

* Include financial statement if credit line requested is in excess of \$2,500.00.

Person(s) Responsible for Payments _____ AP-Contact / Phone _____ Contact / Phone	SHIPPING INSTRUCTIONS Back Orders: Retain <input type="checkbox"/> Cancel <input type="checkbox"/> Do You Require Monthly Stmt.: Yes <input type="checkbox"/> No <input type="checkbox"/> Accept Substitutions: Yes <input type="checkbox"/> No <input type="checkbox"/> Accept Partial Shipments: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

Issued to (Seller) **ORS Nasco . P.O. BOX 249 . Muskogee, Oklahoma 74402-0249**

I _____ certify that _____
Buyer Name of Firm

Street Address or P.O. Box No.

City State Zip

is engaged as a Registered _____ Wholesaler _____ Retailer _____ Manufacturer and is registered with the below listed states and cities within which ORS Nasco would deliver. 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. **ORS Nasco is a pure wholesale distributorship. ORS Nasco Does not sell to the end user/manufacturer. (Products can not be altered in anyway.)** ORS Nasco is in the business of wholesale, industrial, welding, safety, MRO, oilfield and construction products.

STATE RESALE TAX CERTIFICATE INFORMATION

City or State _____ I.D. No. _____

***Please send a copy of your company's state resale tax certificate.
Failure to submit resale tax certificate will result in sales tax being charged on all orders.**

I hereby agree to the term & conditions and to authorize the release of credit information for the purpose of establishing credit with ORS Nasco and for future updates.

Officer/Principal Signature (Authorized signer on bank account)

Print Name

Date

If required, are the principal owners willing to sign a personal guaranty? Yes No

All account applications must be completed in full and legible for departmental input or it will not be processed.



Credit Information

TRADE REFERENCES: (Name suppliers of major products and services)

<p>Company Name _____ Contact _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Name _____ Contact _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p>	<p>Company Name _____ Contact _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Name _____ Contact _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p>
--	--

BANK REFERENCE: Checking Loan Savings

Bank Name	City, State	(Acct. #)	Phone	Fax	(Contact)
-----------	-------------	-----------	-------	-----	-----------

ASSOCIATED MEMBERSHIPS:
NAME

* * * * * * * * * *

Dunn & Bradstreet (D & B) # (if known) _____

Primary S.I.C. Code _____ Industrial Classification _____

The undersigned certifies exemption from payment of sales and use tax under the law(s) of the State(s) indicated by the license or permit number(s) listed below:

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 accurate as to every material matter.

Signed By _____	Title _____	Date _____
-----------------	-------------	------------

Print Name _____	Title _____	Date _____
------------------	-------------	------------