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ACCOUNT CREDIT APPLICATION

ACCOUNT # _____

TO BE COMPLETED BY THE APPLICANT: (PLEASE TYPE OR PRINT)

DATE: _____

TYPE OF BUSINESS: _____

SALESPERSON: _____

LEGAL BUSINESS NAME: _____

NAME DOING BUSINESS AS: _____

BILL TO ADDRESS: _____ SHIP TO: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP: _____

OTHER LOCATIONS CURRENTLY OWNED: _____

LINE OF CREDIT REQUESTED: _____ ANTICIPATED MONTHLY PURCHASES: _____

TYPE OF BUSINESS

- CORPORATION – INDICATE OFFICERS: _____
 ADDRESS: _____
- PARTNERSHIP – INDICATE PARTNERS: _____
 ADDRESS: _____
- PROPRIETORSHIP – INDICATE OWNERS: _____
 ADDRESS: _____

TRADE REFERENCES: (NOT TO INCLUDE LIQUOR OR BEER DISTRIBUTORS)

- | | |
|---|---|
| 1. COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE # _____ FAX# _____ | 2. COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE # _____ FAX# _____ |
| 3. COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE # _____ FAX# _____ | 4. COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE # _____ FAX# _____ |

BANK REFERENCE

NAME OF BANK: _____
 BRANCH LOCATION: _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____ FAX # _____
 CHECKING ACCOUNT #: _____
 SAVINGS ACCOUNT #: _____

The undersigned ("Applicant") certifies that the statements made in this application are true and accurate. Applicant acknowledges that Acorn Distributors, Inc. will rely on the statements made in this application in extending credit to Applicant. By making this application, Applicant requests the company to sell and deliver goods to Applicant pursuant to the terms and conditions set by the company.

Service charges of 1 ½% per month shall accrue on goods delivered by the company to the Applicant, from the date each delivery is made, in the event the Applicant's account is not paid to the company according to the terms of payment specified by the company. Generally, payment is to be made within 30 days after delivery of product.

In the event that the account is placed with a collection agency or attorney for collection, Applicant agrees to pay all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced. In the event an action is commenced, Applicant hereby submits to the jurisdiction of the Courts of Marion County in the state of Indiana.

The undersigned applicant authorizes all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of their company. Must be signed by an authorized company officer.

Signature/Title

Print Name

Date

In order to induce, Acorn Distributors, Inc. to extend credit to the Applicant, the undersigned ("Guarantor") hereby unconditionally and irrevocably guarantees payment of all sums due the company by Applicant, including service charges, all costs of collection, including reasonable attorney's fees, whether or not a lawsuit is commenced.

Guarantor waives notice of acceptance, protest, or demand. Guarantor further consents, in advance, to any extension or modification of the terms and conditions of sale by the company without notice of the Applicant.

Guarantor Signature (Individual)

Date

Social Security Number

Address

FOR ACORN OFFICE USE ONLY

APPROVED CREDIT LIMIT: _____

APPROVED TERMS (CIRCLE ONE): NET 25 COD OTHER _____

APPROVED BY: _____ SALES PERSON _____

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Form ST-105
General Information and Instructions

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

Note: The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.