



IMPORTANT INFORMATION FOR PROSPECTIVE CUSTOMERS

This form is intended as both a Credit Application and a Customer Information form. Included is a Blanket Certificate of Purchase for Resale which must be completed, signed and returned to us if you wish your purchase to be considered exempt from the charging of applicable sales tax.

All IBT commercial customers may apply for open charge privileges. The decision to extend credit will be based on several factors including:

- **Creditworthiness**
- **Financial strength**
- **Payment history and other satisfactory business relationships**

To open an account, four acceptable trade references and a bank reference are the minimum requirement. Our evaluation will be greatly enhanced by providing a copy of your most recent financial statement and any other information you consider pertinent. All information supplied will be handled in the strictest confidence.

All accounts are due Net 30 days or terms agreed upon by both parties.

*******Invoices will be sent via e-mail unless requested otherwise.*******

All Payments for **IBT Customers** Should Be Mailed To:
IBT Inc.

Post Office Box 873065
Kansas City, MO. 64187-3065

(If your company prefers electronic payments please contact Anne Shellenberger @
913-261-2182 or annes@ibtinc.com to set this up.)

Questions regarding billing may be directed first to the IBT location serving you or made directly to the Credit Department. Telephone: (913) 677-3151 ext. 7204

Fax: (913) 677-5510

e-mail: credit@ibtinc.com

**After fully completing and signing this application, please email to
digitalcredit@ibtinc.com**

STORES LOCATED IN
ARKANSAS - ILLINOIS - INDIANA - IOWA - KANSAS - KENTUCKY MINNESOTA -
MISSOURI - NEBRASKA - OKLAHOMA - TEXAS

TAX STATUS OF APPLICANT

The applicant is (is not) claiming exemption from sales tax for the following reason:

- _____ TAXABLE
- _____ RESALE – Please complete the exemption certificate below.
- _____ INGREDIENT or COMPONENT PART – Please complete the exemption certificate below.
- _____ TAX EXEMPT ORGANIZATION – Please furnish appropriate exemption certificate.
- _____ GOVERNMENT AGENCY – Please furnish appropriate exemption certificate.
- _____ OTHER REASON: _____
- _____

BLANKET EXEMPTION CERTIFICATE

ISSUED TO IBT, INC.		ADDRESS 9400 W. 55th Street		CITY, STATE, ZIP CODE Merriam, KS 66203	
NAME OF FIRM (BUYER)			ENGAGED AS A REGISTERED <input type="checkbox"/> WHOLESALER <input type="checkbox"/> RETAILER <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> LESSOR <input type="checkbox"/> OTHER _____		
STREET ADDRESS OR P.O. BOX NUMBER					
CITY, STATE, ZIP CODE					
The above named firm is registered with the below listed status and cities within which your firm 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, manufacturing, leasing or renting.					
PRODUCT OR SERVICES RENDERED					
STATE	STATE I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER		
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER		
CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER	CITY OR STATE	STATE REGISTRATION OR I.D. NUMBER		
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 to inform the seller 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 THE SELLER					
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	

This exemption certificate is not valid unless SIGNED and DATED.

For A/R Dept. Use Only

Customer Account Number: _____

Location Number: _____

Date Received: _____

NOTE: We will accept your own certificate on the appropriate form used by the state(s) in which you do business in lieu of this form.

CUSTOMER INFORMATION BASE

Please type or print

All line items must be completed

Name: _____
(Trade or Business Name)

Date: _____

(Corp. Name If Different From Above)

Main Phone: _____

BILL-TO ADDRESS:

SHIP-TO ADDRESS:

(Street or P.O. Box)

(Street)

(City) (State) (Zip) + 4

(City) (State) (Zip) + 4

() Business is a **Corporation** organized in the state of: _____

Note: If business is a division or subsidiary of another corporation, please give name, address & relationship: ___ Subsidiary ___ Division

() Business is a **Partnership** composed of: _____

() Business is a **Proprietorship** whose owner is: _____

Duns Number: _____

Receive Mthly. Statements: (____)Yes (____)No

Number of years in Business: _____

Type of Business: _____

Are Purchase Orders Required? _____

May Verbal Purchase Orders be Accepted? _____

Purchasing Manager: _____

Direct Phone: _____

Direct Fax: _____

Direct E-Mail: _____

Estimated Annual Dollar Volume to be Charged to Account? _____

\$ _____ per year.

Name and Title of Accounts Payable Contact: _____

Direct Phone: _____

Direct Fax: _____

Direct E-Mail: _____

City: _____ State: _____

Have you previously had an account with us? _____ If "yes" under what name? _____

For Branch Use Only

For Use By Credit Department Only

Account Number: _____

Date: _____

Branch Number: _____

D&B Rating: _____

Salesman #: _____

SIC: _____

Branch/Store Mgr. Approval: _____

Approved: _____

Credit References: Four (4) Trade References Are Required Together With a Bank Reference.
Please give complete names, addresses, phone and facsimile numbers.

Trade Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Trade Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Trade Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Trade Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Trade Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Bank Reference

Name: _____ Phone No.: _____
Address: _____
City, State & Zip: _____ Fax No.: _____

Acceptance of terms and conditions of account and authorization to release appropriate credit information as needed:

As an authorized representative of the applicant, I acknowledge and accept the following terms and conditions of the account to be opened on our behalf:

Terms of Net 30 Days or as agreed by the parties.

As a condition of opening and maintaining the account, I have received and agree to IBT's terms and conditions of sale and authorize reasonable and periodic credit inquiries with the references furnished.

(SIGNED) _____

TITLE: _____