



2017 CUSTOMER ACCOUNT SETUP FORM
NEW ACCOUNTS WILL NOT BE SET UP WITHOUT AN OPENING PURCHASE ORDER

◆ New Customer Setup

◆ New Branch Setup

◆ Change (Reason for Change)

PLEASE ESTIMATE MONTHLY PURCHASES
Monthly Estimate: Credit Line: Opening Order Amount: Opening P.O. #:

Legal Name of Firm: Trade Name (dba): Div/Subsidiary Of: In Business Since (Year): Purchasing Contact: Title: Phone: Fax: Email:

BILLING ADDRESS
Address 1: Address 2: City: State: Zip: County: Phone: Fax:
JAMES® Bill to Customer No:

SHIPPING ADDRESS
Address 1: Address 2: City: State: Zip: County: Phone: Fax:

PLEASE ATTACH:
o W-9 FORM
o SALES AND USE RESALE CERTIFICATE

Contact your Regional Account Manager
Office: 240.510.5712
quotes@ALG-USA.com



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2016 CUSTOMER ACCOUNT SETUP FORM CONT'D
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DOCUMENTS (Copies of ALG Sales order Acknowledgements, Advance Ship Notices and Invoices)
(PLEASE PROVIDE COMPANY EMAIL ADDRESS ONLY)

SALES ORDER ACKNOWLEDGEMENT (SOA): NAME: EMAIL ADDRESS:
INVOICES (INV): Billing Location Only: NAME: EMAIL ADDRESS:
ADVANCE SHIPMENT NOTIFICATION (ASN): NAME: EMAIL ADDRESS:

REFERENCE INFORMATION

BANK: STREET ADDRESS:
CITY, STATE, ZIP: AREA CODE + PHONE:
YOUR ACCOUNT NO: CONTACT:

VENDORS

COMPANY NAME: STREET ADDRESS:
CITY, STATE, ZIP: AREA CODE + PHONE:
AREA CODE + FAX: CONTACT:

COMPANY NAME: STREET ADDRESS:
CITY, STATE, ZIP: AREA CODE + PHONE:
AREA CODE + FAX: CONTACT:

Personal Guaranty

I, (Individual's Name)

residing at (Individual's personal address, city, state, zip)

for and in consideration of (Business Creditor's Name)

extending credit to (Name of Credit Applicant Company)

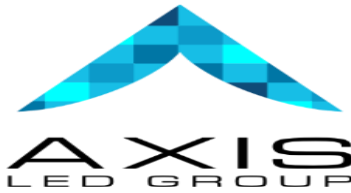
(hereafter referred to as the "Company") of which and in reliance on any guaranty of said credit, I hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty, and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. The Officer(s) of the Company must sign below as individuals - signatures only, no corporate titles.

COMPANY NAME SS#
SIGNATURE
PRINT NAME DATE

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STANDARD PAYMENT TERMS OF AGREEMENT

This Standard Payment Terms of Agreement* ("Agreement") is made and entered by and between AXIS LED GROUP, LLC & _____ ("CUSTOMER").

_____ ("CUSTOMER") agrees to pay ALG to this banking information:

BENEFICIARY BANK: PNC BANK
BENEFICIARY NAME: AXIS LED GROUP, LLC
BANK ADDRESS: 6680 PERIMETER DR DUBLIN, OH 43016
ACCOUNT NO.: 4104208904
ROUTING NO.: 041000124

Company Address:
AXIS LED GROUP, LLC
6810 AVERY RD
DUBLIN, OH 43017

APPLICANT'S SIGNATURE BELOW ATTESTS APPLICANTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ALG INVOICES AS PROVIDED BELOW AND AGREEMENT TO THE FOLLOWING:

1. This Customer Account Setup Form is an application by Applicant for credit from ALG and all information in this form is warranted by Applicant to be true and accurate. Applicant authorizes ALG to investigate the information provided to ALG including but not limited to the references listed above, and the credit and financial responsibility of Applicant.
2. Applicant shall pay ALG invoices in accordance with ALG payment items:
 - Customer will send payment confirmations to QUOTES@ALG-USA.COM.
 - ALG agrees to pay all shipping charges and duty* (*if necessary) on all shipments from ALG to customer.
 - Customer agrees to pay NET30 upon shipment.
 - Customer will submit purchase order (PO) with product and quantities.
3. ALG willingness to sell products to Applicant is conditioned upon, among other things, Applicant's acceptance of ALG Terms and Conditions of Sale. Accordingly, Applicant (referred to as "Buyer") accepts and agrees to ALG Terms and Conditions of Sale as such are attached to this Customer Account Setup Form or are revised (for sales that take place at least 30 days after such revision).

NAME: _____ DATE: _____
PRINT/TYPE APPLICANT'S FORMAL LEGAL NAME

AUTHORIZED SIGNATURE: _____ TITLE: _____

NAME: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

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