

CLIENT CREDIT APPLICATION

Sandia Products | Mercury Floor Machines | Ultimate Solutions | Orbot



Dear Valued Client,

Thank you for your business. At this time, we would like to ask you to supply us with the information necessary to complete your client account.

Please complete the attached documents and provide the following information as soon as possible. This information is required for your client account.

Distributor Application Profile Form – please complete entire form, including Credit Reference Section.

Credit Card Payment Guarantee – please complete entire form.

Credit Card Payment Authorization Form – please complete entire form.

Copy of Resale Certificate/ Seller's Permit / Business License / Tax I.D. Number – this will be included in your customer file in order to provide terms and give distributor pricing

Credit information is only necessary if applying for “Net 30-Day Terms.”

Credit Card and Cash Payments are also options for purchasing our products.

Please submit all of your documents via e-mail to cassandra@us-group.com

Thank you for choosing Sandia, Mercury, Ultimate and Orbot for your cleaning solutions!

**Sincerely,
Team Ultimate**

Toll-Free: 1-800-983-5834
Local: 714-901-8400
cassandra@us-group.com

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Please complete entire form.



Company Name:	<input type="text"/>	Check if same as Mailing:	<input type="checkbox"/>
Mailing Address Line 1:	<input type="text"/>	Billing Address Line 1:	<input type="text"/>
Mailing Address Line 2:	<input type="text"/>	Billing Address Line 2:	<input type="text"/>
City, State:	<input type="text"/>	City, State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>
Company Phone:	<input type="text"/>	Accounts Payable Person:	<input type="text"/>
Company Fax:	<input type="text"/>	Phone:	<input type="text"/>
Company E-Mail:	<input type="text"/>	Fax:	<input type="text"/>
Website	<input type="text"/>	E-Mail:	<input type="text"/>
Order Confirmation E-Mailed to:	<input type="text"/>	Invoices E-Mailed to:	<input type="text"/>

Form of Ownership (check one): Individual Partnership Corporation

Do you require purchase orders? Yes No How long in business?

Are you a service center? Yes No Able to do Warranty Work? Yes No

Are you store based? Yes No Are you internet based? Yes No

Owners / Partners / Officers Names	Official Title	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CREDIT REFERENCES (complete information must be furnished)

Company Name	Phone Number	E-Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank	Name of Bank Officer	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Line Requested: Anticipated Sales Volume:

I/We apply for credit and will abide by the terms and conditions of Sandia, Mercury, Ultimate and/or Orbot. I understand, acknowledge, and accept these terms of sales.

Signed: Title:

Personal Guarantee for (Applicant's Company Name):

The undersigned guarantees payment of all indebtedness incurred by above applicant to Ultimate Solutions, whether now due or hereafter incurred. This payment will be made in California at the offices of Ultimate Solutions. A 2% fee will be incurred for past due invoices. The undersigned also agrees to pay to Ultimate Solutions reasonable attorney's fees incurred in the collection of such indebtedness. It shall not be necessary for Ultimate Solutions in order to enforce the obligations of the undersigned hereunder, to first institute suit of pursue or exalt its remedies against the applicant. If more than one individual signs below, each shall be liable hereunder jointly and severally. The guarantee shall remain in full force and affect until released by Ultimate Solutions in writing or until notice is received by Ultimate Solutions form undersigned, although such notice by the undersigned shall apply only to indebtedness arising thereafter and shall not affect the guarantee of indebtedness then existing. Please note that a signature followed by a corporate title indicates the personal guarantee.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

CREDIT CARD PAYMENT GUARANTEE

Sandia Products | Mercury Floor Machines | Ultimate Solutions | Orbot
Please complete entire form.



Dear Valued Client,

Please complete the below Credit Card Payment Guarantee Form. All accounts must complete this form and guarantee payment through a Credit Card.

The Credit Card Payment Guarantee will be valid until your company establishes a good payment history. A good payment history is established by paying three consecutive invoices on time. After good payment history has been established with Ultimate Solutions, your company will be on Terms and the Credit Card Payment Guarantee will no longer be in effect.

NOTICE:

In the event your payment is not received within the 30-Day Terms (prior to or on the due date), your credit card on file will be charged the full invoice amount plus a 4% convenience fee on the 31st day.

ATTENTION ULTIMATE SOLUTIONS CREDIT DEPARTMENT:

I, (please print name) _____, authorize the credit card on file to be charged the full invoice amount plus a 4% convenience fee on the 31st day in the event that payment is not received within the 30-Day Terms (prior to or on the due date).

I/We apply for credit and will abide by the terms and conditions of Sandia, Mercury, Ultimate and/or Orbot. I understand, acknowledge, and accept these terms of sales.

Personal Guarantee for (Applicant's Company Name):

Signature:
Signature:

Date:
Date:

CREDIT CARD PAYMENT AUTHORIZATION

Sandia Products | Mercury Floor Machines | Ultimate Solutions | Orbot

Please complete entire form.



Contact Information:

Ultimate Solutions Corporate Office
15571 Container Lane
Huntington Beach, CA 92649

Toll-Free: 1-800-983-5834
Local: 714-901-8400
E-Mail: cassandra@us-group.com

ATTENTION ULTIMATE SOLUTIONS CREDIT DEPARTMENT:

I, (please print name) _____, authorize credit card payment of invoice charges listed below to Ultimate Solutions (Sandia Products, Mercury Floor Machines, Ultimate Solutions Consumables, Orbot).

I authorize payment in this dollar amount: \$

Please select the type of Credit Card:

AMEX	<input type="checkbox"/>	4 Numbers on Back	<input type="text"/>
VISA	<input type="checkbox"/>	3 Numbers on Back	<input type="text"/>
Master Card	<input type="checkbox"/>	3 Numbers on Back	<input type="text"/>

Company Name:	<input type="text"/>	Check if same as Mailing:	<input type="checkbox"/>
Mailing Address Line 1:	<input type="text"/>	Billing Address Line 1:	<input type="text"/>
Mailing Address Line 2:	<input type="text"/>	Billing Address Line 2:	<input type="text"/>
City, State:	<input type="text"/>	City, State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>

Name on Credit Card:	<input type="text"/>	Expiration Date:	<input type="text"/>
Card Number:	<input type="text"/>		

Card Holder Signature:

MAP POLICY COMPLIANCE

Sandia Products | Mercury Floor Machines | Ultimate Solutions | Orbot

Please complete entire form.



Distributor agrees to adhere to the Minimum Advertised Price (MAP) policy set forth by Ultimate Solutions Inc. The MAP policy is designed to ensure fair competition and maintain the value of Ultimate Solutions products.

1. **Minimum Advertised Price:** Distributor shall not advertise any Ultimate Solutions products below the MAP established by Ultimate Solutions. The current MAP for each product will be provided to the Distributor and may be updated periodically.
2. **Advertising:** This policy applies to all forms of advertising, including but not limited to online advertisements, print media, and promotional materials.
3. **Enforcement:** Ultimate Solutions reserves the right to monitor the Distributor's advertised prices and take appropriate action if the MAP policy is violated. This may include, but is not limited to, suspension or termination of the Distributor's account.
4. **Exceptions:** Any exceptions to the MAP policy must be approved in writing by Ultimate Solutions.

By signing this agreement, the Distributor acknowledges and agrees to comply with the MAP policy as outlined above.

Signature:

Date: