



Corporate Program Application

Cut-Rate Batteries, Inc. | PO BOX 304, Forest Lake, MN 55025 | Toll Free: 1-866-413-6862 Tel: 651-204-9990 Fax: 651-331-5089

Please fax completed application to **1-651-331-5089**. Incomplete applications will result in processing delays.

ACCOUNT INFORMATION

Legal Business Name:				Date Established:	
DBA:				Phone Number:	
				Fax Number:	
Billing Address:					
City:		State:		Zip:	

CORPORATE DATA

Type of Business: (Please check all that apply)	<input type="checkbox"/> Retail <input type="checkbox"/> Transportation / Logistics <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse / Distribution <input type="checkbox"/> Food and Drug <input type="checkbox"/> Healthcare <input type="checkbox"/> Government / Public Safety <input type="checkbox"/> Military <input type="checkbox"/> Other:				Number of Employees:	
					A/P Contact:	
Annual Sales Volume:	Dollar Value of Battery Packs Purchased per month:	Fiscal Year Ending:	Controller:			
Brands Used: (Please check all that apply)	<input type="checkbox"/> Motorola <input type="checkbox"/> Symbol <input type="checkbox"/> Percon/PSC	<input type="checkbox"/> Yaesu/Vertex <input type="checkbox"/> Telxon <input type="checkbox"/> LXE	<input type="checkbox"/> Icom <input type="checkbox"/> HHP <input type="checkbox"/> O'Neil	<input type="checkbox"/> Kenwood <input type="checkbox"/> Intermec <input type="checkbox"/> Zebra	<input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:	
Type of Business:	<input type="checkbox"/> Private Corporation – State Incorporated: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public Corporation – Ticker Symbol:					
Year Established:		Dun & Bradstreet Number (DB#):		Federal ID Number:		

NAME OF PRINCIPALS OF FIRM

Officer(s)/ Owner(s) Name:		Social Security Number:	
Officer(s)/ Owner(s) Name:		Social Security Number:	
Parent Company Name:	Does parent company guarantee debts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent Company Address:	If Yes, give details:		
City:		State:	Zip:

BANK REFERENCES

Bank Name:				Phone Number:	
Address:				Fax Number:	
City:		State:		Zip:	
Account Officer:	Checking Account Number:	Savings Account Number:	Loan Number:		

CREDIT INFO

Type of Credit Applying for:	Credit Amount Requested:	Account Representative:
<input type="checkbox"/> COD Company Check <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30		



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TRADE REFERENCES			
Company Name:		Account Number:	
Address:		Phone Number:	
		Fax Number:	
City:	State:	Zip:	
Company Name:		Account Number:	
Address:		Phone Number:	
		Fax Number:	
City:	State:	Zip:	
Company Name:		Account Number:	
Address:		Phone Number:	
		Fax Number:	
City:	State:	Zip:	

CREDIT CERTIFICATE	
<p>In order for Cut-Rate Batteries, Inc. ("CRB") to sell and to continue to sell CRB products to Buyer, Buyer hereby represents and warrants that it is solvent and that it pays its obligations as they become due. The preceding representation and warranty will be deemed to be repeated in each purchase by Buyer.</p> <p>The individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to CRB that: 1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with CRB will be entitled to recover its costs, including attorneys' fees, from the other party. Buyer agrees to pay interest on any unpaid purchases, beginning 15 days after the payment due date, at the rate of 2% per month, or the maximum legal rate, whichever is less. Buyer also agrees to pay \$30.00 for each check issues by Buyer to CRB which is returned to CRB without payment.</p> <p>In signing this Application, Buyer agrees to all of the above and hereby grants permission for credit information to be verified by company(ies) Buyer has specified. The undersigned also understands that CRB will retain this Application, whether or not it is approved, and that CRB will consider this Application as a continuing statement of the undersigned's financial statement until notified otherwise by Buyer.</p>	
Company Name:	
Signature (Officer or Owner):	Date:
Signatory Name (printed):	Title:

FOR CUT-RATE BATTERIES USE ONLY		
Type of Account Approved:	Credit Amount Approved:	Account Representative:
<input type="checkbox"/> COD Company Check <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30		