

## Redemption Plus, LLC 9829 Commerce Pkwy Lenexa, KS 66219 913-563-4300 Fax: 913-563-4301

**Credit Application** 

Please provide complete, accurate and legible information. Any deviations may cause a delay in the approval of your application. Please allow 3 to 5 business days for approval.

Thank you for choosing to do business with Redemption Plus!

Business Information	Ali Fielas Requirea	Estima	ated Monthly Purchase \	Volume:	
Legal Business Name:		Billing Address:			
		City, State, Zip:			
Doing Business As:		Shipping Address:			
		City, State, Zip:			
Billing Phone:		Billing Fax:			
Owner's Name:		Business Phone:		Fax:	
Home Address:		Home Phone:			
City, State, Zip:		SSN:			
VP Finance/Controller:		Telephone:	ext.	Fax:	
Accts. Payable Contact Name:		Telephone:	ext.	Fax:	
Accts. Payable Contact email:		Number of Years Doing	g Business:		
D & B No:		Are P.O.'s Required?			
Federal I.D. No:		Estimated Monthly Pure	chase Amount: \$	/mo.	
Business Type (Circle all applicable	Partnership	Corporation LLC	Proprietorship	Division/Subsidiary	
Trade References	Please supply five references for	or your high volume	trade vendors. All F	ields Required.	
Name:	Address:				
City, State, Zip:	Acct. #:	Credit	t Dept. Fax (Must be pro	vided):	
Credit Contact:	Telephone:		Credit Limit:		
Name:	Address:				
City, State, Zip:	Acct. #:	Credit Dept. Fax (Must be provided):			
Credit Contact:	Telephone:		Credit Limit:		
Name:	Address:				
City, State, Zip:	Acct.#:	Credit	t Dept. Fax (Must be prov	vided):	
Credit Contact:	Telephone:		Credit Limit:		
Name:	Address:				
City, State, Zip:	Acct. #:	Credit	t Dept. Fax (Must be prov	vided):	
Credit Contact:	Telephone:		Credit Limit:		
Name:	Address:				
City, State, Zip:	Acct. #:	Credit	t Dept. Fax (Must be prov	vided):	
Credit Contact:	Telephone:		Credit Limit:		
<del></del>					

Bank References	All Fields Required		
Name:	Address:	City, State, Zip:	
Type of Account:	Acct. #:	Contact:	Telephone:
To be eligible for a cre	edit line: Signature Require	d Below	
• •	approved by Redemption Plus in full within payment terms	3 .	to process the application t to review and revision at any time
our banks, trade referer term stated on each invoi not only all items purch	nces, and financial institutions. Custo ce. Should customer default in any s	omer agrees to make payme such payments, the undersi es to pay late fees at 1.5% p	information to Redemption Plus, LLC by ent in full for all amounts due within the gned personally guarantees payment for er month, reasonable attorney's fees, her or not a suit is filed.
I also hereby certify that	I have read and understand the cred	it application in its entirety.	futher more understand and agree that

should I choose to make a debit/credit card payment on an invoice that is 10 days past the date of invoice that I will incur a 3%

processing fee on the total amount charged.

Date:

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<b>Tax Status</b>	1 of 2 Applicable Signatures Required Below		Sales Tax ID #:

## **Blanket Certificate of Exemption**

This is to certify that all tangible personal property purchased from Redemption Plus is exempt from Sales and/or Use Tax for the following reasons:

For Resale\_\_\_\_\_ Other Statutory Exemption (Specify)\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR The buyer understands and agrees that, should this property be used for any purpose which is not exempt, the Buyer assumes liability for and will pay any applicable Sale and/or Use Tax thereon.

Signature:	Title:	Date:

\*\*\*Application Cannot Be Processed Without Above Signatures.\*\*\*

## **Did You Remember To...**

- 1. Have an Owner sign and date the application
- 2. Have someone complete and sign the Tax Status Section
- 3. Complete the Accounts Payable Contact information
- 4. Give 5 References with complete and accurate contact information to contact the Credit Department not the Sales Rep.

Please Fax Back To: 913-563-4301