



BUSINESS ACCOUNT

CREDIT APPLICATION

PLEASE FAX COMPLETED APPLICATION TO (901) 794-9790

Optimus, Inc.
3765 Winchester Rd.
Memphis, TN 38118
901-365-1269

Date _____

Business Name _____ Business Phone _____

Billing Address _____ City _____ State _____ Zip Code _____

Shipping Address _____ If you have multiple ship-to's, list on pg. 2

City _____ State _____ Zip Code _____ Phone _____

Check here if this address is a residence Fax No _____

Check One: Individual Partnership Corporation Under State Laws _____

Estimated Annual Sales _____ Year of Founding or Incorporation _____

Name of Owner _____ Key Buyer's Name _____

REFERENCES: Name Telephone Fax Number

BANK _____
Account Number _____

Trade References: Name Telephone Fax Number

1. _____
2. _____
3. _____

Estimated Monthly Credit Requirements \$ _____

Optimus is a repair parts wholesaler selling exclusively to retail/repair/service companies, who are actively performing in the swimming pool/spa business. It is not possible for such companies to succeed in buying only from us. You must be utilizing another supplier for your whole goods.

List one Supplier _____ City _____ Phone _____

Otherwise submit a business license indicating you are in the pool business, or a voided check, a business card, or some other proof that you are in the trade.

Sales Tax Status:

- We are taxable Exempt - State Number _____ (Please include certificate)
- Varies by purchase order Other (Please Indicate) _____

Be assured that the above information will be held in the strictest confidence, and will be used solely for the purpose of establishing an open account for your firm. The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Applicant's Signature _____ Title _____

For any request for credit over \$1,000, attach financial statement and sign guarantee on page 2.

FINANCIAL STATEMENT

A copy of my most recent financial statement attached.

SHIP TO INFORMATION:

Please fill out if you had additional locations, that we will "Ship to."

		Check here if residential address	Send Bill to	
			Main Address	Ship to Address
1.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Address _____ City _____ State _____ Zip _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASING INFO: You must get a P. O. Number from us.
 Any restrictions on who can place an order? If so, please explain:

PERSONAL GUARANTY

I _____, residing at _____, for, and in consideration of your extending credit at my request to _____ (Name of Company) (Hereinafter referred to as the "Company"), of which I am _____ (Title)

I hereby personally guarantee to you the payment at OPTIMUS, INC., In the State of TENNESSEE of any obligation of the Company and I agree to pay you on demand any sum which may become due to you be the Company whenever the Company fails 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 waive notice of default, non-payment and consent to any modification of renewal of the credit agreement guaranteed.

Signature of Guarantor _____ Date _____

Resident Address _____ City _____ State _____ Zip _____

TENNESSEE DEPARTMENT OF REVENUE

BLANKET CERTIFICATE OF RESALE

To: _____

Vendor

The undersigned hereby certifies that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for,

- Resale as tangible personal property, or resale of a service subject to tax.
- A component of an article to be produced for sale by manufacturing, assembling, processing, or refining.
- Rental or leasing of a tangible personal property.
- Use in accordance with provisions of Rule No. 68. (A copy of the letter must be given to the vendor.)
-

(Indicate the purpose for which the property is bought when no Sales Tax is to be collected.)

Sales Tax Registration Number
of the purchaser _____
Date _____

Name of Dealer _____
By _____
Address _____

WARNING

This Certificate must be completed and signed before it is valid

The vendor must know, within the use of ordinary care, that merchandise obtained upon this certificate of resale is normally sold by the the vendee in his usual course of business. Vendors failing to exercise such care will be held liable for the Sales Tax due upon such purchases.

Any merchandise obtained upon this resale certificate is subject to the Sales and Use Tax if it is used or consumed by the vendee in any manner, and must be reported and the tax paid thereon direct to the Department of Revenue.

SECTION 67-3041 OF THE "TENNESSEE CODE ANNOTATED" MAKES IT A MISDEMEANOR TO MISUSE A CERTIFICATE OF REGISTRATION WITHOUT PAYING THE SALES AND USE TAXES, AND SUBJECTS THE CERTIFICATE TO REVOCATION.

RV-0024

07-002-0104