



ACCOUNT APPLICATION

NEW OWNERSHIP CHANGE UPDATE

BILL TO:

| | | | |
|----------------------------|--------|-------------------------------|----------|
| Legal Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | Country: |
| Federal Tax ID#: | | Resale Number#: | |
| Date Business Established: | | Date Current Ownership Began: | |
| Owner Name: | | | |
| Key Contact Name: | | | |
| Phone: | | | |
| Email: | | | |

SHIP TO: **

| | | | |
|-----------------------|--------|-----------|----------|
| Legal Name: | | | |
| Address: | | | |
| City: | State: | Zip Code: | Country: |
| Ship to Contact Name: | | | |
| Ship to Phone: | | | |
| Ship to Email: | | | |

** Complete only if different from "Bill to" or if "Bill to" is a P.O. Box.

Additional shipping locations should be listed as above on a separate sheet and attached.

Send Invoices to (check one): Email

Partials Accepted: Yes No

Special Inst. / Shipping Requirements: _____

TERMS APPLYING FOR:

I am applying for: Open Terms Prepaid by Credit Card



Updated Form: 5/10/2022



Application for Credit

Please print clearly. Submit this form via email to sales@sok-it.com. **We will also accept your prepared credit application as long as it contains substantially similar information.**

| Business Information | | |
|---|----------------------|-------------------------|
| Company Legal Name | d/b/a | |
| Phone Number | Fax Number | |
| Street Address | City, State, Country | Postal (Zip) Code |
| Federal Tax ID | Year Established | Website |
| State ID | Net Terms Requested | Credit Amount Requested |
| Applicant Information | | |
| Last Name | First Name | Middle Initial |
| Job Title | E-mail address | Phone Number |
| Authorized person to place orders in case of absence | Job Title | Phone Number |
| Business Structure Individual / Sole Proprietor LLC Corporation S-Corporation Partnership Other | | |
| Resale or Tax Exempt: Yes No Resale or Tax Exempt# _____ | | |
| D&B# _____ Please attach your Reseller Certificate or Tax Exempt Certificate to this application. | | |

Bank Reference (please attach one bank statement, less than 90 days old. Redacting permitted)

| | | |
|-----------------|----------------------|-------------------|
| Bank Name | Account Name | Account Number |
| Street Address | City, State, Country | Postal (Zip) Code |
| Account Manager | Phone Number | Fax |
| Email | | |

Trade References (please provide references from whom you purchase similar merchandise)

REFERENCE 1

| |
|---|
| Company Name Contact |
| Street Address City, State, Country Postal (Zip) Code |
| Email Phone Number Fax |
| Account Name Purchases High Credit |

REFERENCE 2

| |
|---|
| Company Name Contact |
| Street Address City, State, Country Postal (Zip) Code |
| Email Phone Number Fax |
| Account Name Purchases High Credit |

CERTIFICATION

I hereby certify that I am an office of the company or person duly authorized to request credit and authorize purchases and payment on behalf of the Company, and that the taxpayer identification numbers, and all other information provided herein is correct.

This information has been furnished with the understanding that it is confidential and is solely to be used to determine the amount and conditions of the credit to be extended.

PAYMENT AGREEMENT

By applying for and accepting credit from Sok-It the Applicant agrees to the following terms and conditions:

Credit is issued by Sok-It at its discretion and can be withdrawn at any time prior to accepting any order from you.

Applicant shall make payment to Creditor in accordance with the terms of invoices submitted to Applicant by Creditor.

Invoices unpaid for more than 10 days past the due date are subject to a 5% per annum interest charge on the unpaid balance beginning with due date and ending with the receipt of payment.

Invoices unpaid for more than 30 days past the due date are subject to a 8% per annum interest charge on the unpaid balance beginning with due date and ending with the receipt of payment.

Applicant agrees to remit any late fees upon presentation of a proper invoice detailing the charges.

Additionally, customer hereby authorizes banking officer to provide a credit reference to Sok-It to be held in confidence.

Name (please print clearly): _____

Signature

Job Title

Date



ONLINE CHANNELS OF DISTRIBUTION & MINIMUM ADVERTISED PRICING POLICIES

ONLINE CHANNELS OF DISTRIBUTION POLICY

This **Sok-It** Online Channels of Distribution Policy is effective 12/1/2020 (the “OCOD Policy”) and applies to ALL Sok-It Resellers (“Reseller(s)”).

The OCOD Policy is being adopted to maintain the brand image of **Sok-It** and its products, to maintain our **Sok-It** distribution strategy, and to allow Resellers to be confident they are supporting a strong and reputable brand.

This OCOD Policy applies to Resellers seeking to sell **Sok-It** products online.

Pursuant to this OCOD Policy, Resellers may not advertise or sell any **Sok-It** products on any website, marketplace, or other online sales channel not owned and operated by that Reseller. **THIS INCLUDES BUT IS NOT LIMITED TO AMAZON.COM, WALLMART.COM, JANE.COM. AND FAIRE.COM.** For clarity, Resellers may advertise and sell **Sok-It** products through their own websites, Facebook sites, and other owned social media presences and may also advertise **Sok-It** products online via non-transactional websites and other media outlets that drive traffic to the Resellers owned properties.

Sok-It Resellers are also prohibited from reselling or transferring ownership of **Sok-It** products to any other resellers or parties that utilize prohibited channels as mentioned above to sell its products, unless that party agrees to abide by the above stated terms. This does not include sales to individual retail customers who may from time to time sell products online, where the Sok-It Reseller has no control over the activity.

MINIMUM ADVERTISED PRICING POLICY

This **Sok-It** Minimum Advertised Pricing Policy is effective January 1, 2018 (the “MAP Policy”).

The MAP Policy is being adopted to maintain the brand image of **Sok-It** and its products, to maintain our **Sok-It** distribution strategy, and to allow Resellers to be confident they are supporting a strong and reputable brand.

1. The MAP Policy applies only to prices advertised on the Internet for certain **Sok-It** products that **Sok-It** specifies as covered by the Policy (the “MAP Products”). A current list of MAP Products is attached hereto as the “**Sok-It** Price List”. **Sok-It** may delete, add, or modify the products subject to the MAP Policy at its sole discretion.

2. The MAP Policy does not apply to the Resellers ultimate selling price; that is, the price that the retail customer ultimately pays.

3. The MAP Policy is applicable to all Internet Advertised Prices for the MAP Products. An “Internet Advertised Price” is defined as the price for a product shown on a web browser search, customer home page, or content on a webpage within the Resellers site or domain. “Internet Advertised Price” **does not include** the price a retail customer receives in response to a “Call for Price,” “E-mail a price,” or ‘See checkout for price” feature on a website.

4. Pursuant to the MAP Policy, **Sok-It** Resellers may not advertise or otherwise promote MAP products on the Internet at a Net Internet Advertised Price **lower than 10% below Sok-It Manufacturer’s Suggested Retail Price (“MSRP”)**. For the purposes of the MAP Policy, “Net Internet Advertised Price” means the stated price reduced by the value of any associated discount, coupon, or allowance (other than shipping allowances) shown in an advertisement.

5. A Reseller violates the MAP Policy if it resells MAP products to sellers whose Internet Advertised Prices do not comply with this MAP Policy.

Customer acknowledges Sok-It OCOD and MAP Policies.

Signature

Printed Name / Title

Business Name

Date

Please sign and return this document via email to sales@sok-it.com & payables@dslsvs.com.