

Holland Distributing

935 Interstate Ridge Drive, Suite B - Gainesville, Georgia 30501

(770) 534 - 9429 - www.hollanddistributing.com

FAX 1.866.664.3775

Sales@hollanddistributing.com

Account Application

Account Name: _____ Date: _____

| | |
|-----------------------------|--------------------------------------|
| Owner / Contact: _____ | Email Address: _____ |
| Phone: _____ FAX: _____ | Cell: _____ |
| Legal Name: _____ | DBA: _____ |
| Owner SSN: _____ | FED ID: _____ Sales Tax ID: _____ |
| Address: _____ | |
| Address continued.... _____ | County: _____ |
| City: _____ | State: _____ Zip: _____ Phone: _____ |

Owner / Officer Information

| | |
|---|--------------------------------------|
| Name/Title: _____ | |
| Home Address: _____ | Email: _____ |
| City: _____ | State: _____ Zip: _____ Phone: _____ |
| How long in business: _____ <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other | |
| Authorized Buyer: _____ | Phone: _____ Email: _____ |
| FAX: _____ | Cell: _____ |
| Alternate Buyer (s): _____ | Phone: _____ Email: _____ |

I will pay by: Prepay Pay C.O.D. Money Order or Cashier Check
 Credit Card (form required) Company Check Other _____

Banking Information

Bank Name: _____ Phone: _____ Account #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact (s): _____ Fax: _____ Email: _____

The undersigned unconditionally guarantees the payments of and all indebtedness owed to HSM, Inc. dba HOLLAND DISTRIBUTING, and the undersigned makes such guarantee and further agrees that if the said HSM, Inc. dba HOLLAND DISTRIBUTING, expends any monies for the collection of said indebtedness, the undersigned will pay, in addition, all attorney fees and cost of collection of the said indebtedness. I further agree that for any future deliveries of goods or services, I agree to pay all costs of collection, including reasonable attorney fees for the enforcement of any indebtedness against the undersigned. This shall be a continuing obligation of the undersigned, their legal representative, successors and assignees. Undersigned also agrees that any litigation necessary to enforce collection of this debt will be governed under the jurisdiction of the State of Georgia and jurisdiction shall be specifically vested in the Courts of Hall County, in Gainesville, Georgia. This obligations shall cover the renewal of any claims guaranteed by this instrument of extensions of time payment thereof, without further notice thereof to the guarantors.

Signature: _____ Title: _____

Print Name: _____ Date Signed: _____

Include with application: Copy of Business License Copy of State Tax Certificate of Resale Bank Release