



# SNEE CHEMICAL COMPANY

5565 PEPSI STREET • HARRAHAN, LA 70123

(504) 734-7633 800-489-7633 FAX: (504)734-5221 800-489-7633

Dear Future Customers,

We appreciate your interest in opening an account with SNEE CHEMICAL COMPANY. Our company was established in 1947 to manufacture quality sanitary chemicals and supply wholesale maintenance items. These two hallmarks are at the forefront of our business.

Included with this letter is a company distributor application. Please take a few minutes to fill it out in full. Information on this form is needed to open an account, whether it be a charge account or C.O.D. This information is important for shipping and tax purposes. Fill out the credit account application papers if you wish to have a charge account. We would appreciate complete addresses on your trade references as they will be mailed. It has been our experience that these credit inquiries take some time to be completed and returned to us.

SNEE CHEMICAL COMPANY, is a wholesale master distributor only, we do not sell products to end users.

Feel free to begin purchasing merchandise at any time after we have approved your application. You can contact us at 1-800-489-SNEE (7633). Our office personnel are available for prices and service. Our salesman will be in touch with you shortly and will provide you with a price list binder.

Thank You,  
Credit Department

9/02

**Manufactures and Distributors of Sanitary Supplies**  
**Established 1947**

**ISSA** **MEMBER**  
The Experts  
on Cleaning and Maintenance

**SSWA**  
SANITARY SUPPLY WHOLESALERS ASSOCIATION



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## DISTRIBUTOR APPLICATION FOR CASH OR CREDIT ACCOUNT

FIRM NAME:		
TYPE OF BUSINESS:		
BOX NUMBER:	PHONE NUMBER:	
STREET ADDRESS:	FAX NUMBER:	
CITY:	STATE:	ZIP:
FULL NAME OF OWNER OR OWNERS (OR AND AUTHORIZED OFFICER OF THE CORPORATION)		
LIST HOME ADDRESS AND ZIP CODE FOR PARTNERSHIP OR INDIVIDUAL.		
PLEASE CHECK ONE: [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION - FEDERAL TAX NO. _____		
ESTIMATED ANNUAL SALES:	DATE ESTABLISHED:	
FORMER BUSINESS:	LOCATION:	
PRODUCTS INTERESTED IN PURCHASING:		

### Certificate of Resale Blanket Form

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purpose of resale, and assumes liability for payment of retailer's occupation tax, service occupation tax or use tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

\*\*\* PLEASE RETURN A COPY OF YOUR OCCUPATIONAL LICENSE WITH THIS APPLICATION. \*\*\*

Date: \_\_\_\_\_, 20 \_\_\_\_\_

Name of Purchasing Agent(s) \_\_\_\_\_

Parish or County Tax Number: \_\_\_\_\_

State Tax Number: \_\_\_\_\_

Signature of Purchaser or Authorized Agent: \_\_\_\_\_

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## CREDIT APPLICATION FOR AN OPEN ACCOUNT

NAME:	PHONE:	
ADDRESS:	FAX:	
CITY:	STATE:	ZIP:
NAME:	PHONE:	
ADDRESS:	FAX:	
CITY:	STATE:	ZIP:
NAME:	PHONE:	
ADDRESS:	FAX:	
CITY:	STATE:	ZIP:

NAME OF BANK:		
ACCOUNT NUMBER:	PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP:

Applicants signature attests financial responsibility and willingness to pay our invoices in accordance with the following terms: "**NET 30 DAYS**". If it becomes necessary for Snee Chemical to employ an attorney or collection agency to enforce collection of an outstanding balance I/we agree to pay these fees. I/we agree to pay a "Finance Charge" computed by applying a periodic monthly rate of 1.5% to the past due balance...this is an annual percentage rate of 18%. There will be a \$20.00 fee for all NSF checks.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

\*A signature is required\*

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Dear Customer,

Please fill out and return this form with your completed Credit Application. It has been our past experience to have a bank refuse to answer our credit inquiry without written authorization. We will attach this to our credit inquiry letter to your bank. This will help speed up the process necessary for an open account with our company.

## CREDIT INFORMATION RELEASE FORM

Name of company \_\_\_\_\_

P.O. Box \_\_\_\_\_

Address \_\_\_\_\_

Phone (        ) \_\_\_\_\_

*I / We authorize our bank to release credit information to:*

**SNEE CHEMICAL COMPANY  
5565 Pepsi Street - Harahan, LA. 70123  
Attn: Credit Department**

Authorized Signature \_\_\_\_\_

Date        /        /

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone (        ) \_\_\_\_\_

Fax (        ) \_\_\_\_\_

Account Number \_\_\_\_\_

Name on Account \_\_\_\_\_

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## PERSONAL GUARANTEE AND MANDATE

Date: \_\_\_\_\_, 20\_\_\_\_

In consideration of your giving or extending credit, whether by the sale of merchandise on credit, the extending of the maturity therefore, or otherwise to:

\_\_\_\_\_ (company name)

(hereinafter referred to as the "Company") which granting or extension of credit will insure to my benefit as an officer or director of said Company. I/We hereby personally guarantee to you the payment of any obligation of the Company, making said Company my or our agent to incur such obligations, and I/We hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is hereby understood that this continuing guarantee and mandate shall be irrevocable guarantee and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default, non-payment and notice thereof, and hereby consent to any modification extending the maturity of any such obligation incurred by the Company, and I/We waive notice of renewal of the credit agreement or extension of credit through the said Company as hereby guaranteed. If it becomes necessary for Snee Chemical to employ an attorney or collection agency to enforce collection of an outstanding balance I/we agree to pay these fees.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Ref: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attention: Credit Department**

Greetings,

We have been requested to establish an open line of credit for the above concern. You have been suggested as a reference source and we will appreciate your providing the information requested below and any comments which may help us reach a prompt and proper conclusion.

Your confidence will be carefully protected, and we shall reciprocate upon request.

**Bank Reference**

*Checking:*

Date Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Account Rating: \_\_\_\_\_

*Savings:*

Date Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

*Loans:*

Secured: \_\_\_\_\_

Unsecured: \_\_\_\_\_

High Credit: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Payment Performance: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please be assured that your reply will be treated in confidence.

Thank You,  
Credit Department

9/02

**Manufacturers and Distributors of Sanitary Supplies**

**Established 1917**





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

Ref: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Attention: Credit Department**

Greetings,

We have been requested to establish an open line of credit for the above concern. You have been suggested as a reference source and we will appreciate your providing the information requested below and any comments which may help us reach a prompt and proper conclusion.

Your confidence will be carefully protected, and we shall reciprocate upon request.

### **Trade Reference**

How Long Sold: \_\_\_\_\_

Recent High Credit: \_\_\_\_\_

Present Balance: \_\_\_\_\_

Terms: \_\_\_\_\_

Past Due: \_\_\_\_\_

Payment Record: \_\_\_\_\_

NSF Activity: Yes or No If Yes, How Many? \_\_\_\_\_

What Type of Products Do They Purchase? \_\_\_\_\_

Are Those Products for Resale? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Please be assured that your reply will be treated in confidence.

Thank You,  
Credit Department

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State of Louisiana  
Department of Revenue



**Blanket Exemption Certificate  
for purchases by registered wholesalers for  
resale or further processing under the Louisiana General Sales Tax Act**

Date \_\_\_\_\_

This certifies that the following types of materials, goods, merchandise, and services purchased by the undersigned from \_\_\_\_\_  
\_\_\_\_\_ are to be used for resale or further processing for resale as tangible  
personal property by the undersigned registered wholesale dealer and are, therefore, exempt from the advance tax provisions of Louisiana  
Revised Statute 47:306B.

Registration certificate number (valid only if it includes the letter "W") \_\_\_\_\_

Type of property to be resold \_\_\_\_\_

The undersigned purchaser further certifies that the location of the business shown below has been assigned a wholesale sales tax registration  
number by the Department of Revenue, enabling him to make purchases of property for resale or further processing without payment to vendors  
of the advance sales tax, and that his current account number is indicated above. The purchaser assumes full liability if the sale is later held  
subject to tax, even though the seller has received this completed certificate.

Name of purchaser \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Signature of purchaser's authorized agent \_\_\_\_\_

Any purchaser who fraudulently signs this certificate without intent to use the property or services purchased as stated above will be subject to all  
penalties provided for by Louisiana statutes. This certificate will remain in effect until withdrawn by the purchaser, or the purchaser's sales tax  
account is closed, or the purchaser's ability to make tax-free purchases is amended or revoked by the Department of Revenue.