

1700 W. 16th Street • Broadview, IL 60155
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Email: ar@amdistributors.com
www.amdistributors.com

Account Type Requested: Credit Card (Complete Section 1 & 2) COD/Company Check (Complete Section 1 & 3) Open Terms (Complete Section 1 & 4)

Section 1

Company Name: _____

D.B.A: (If applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Website: _____ Type of Business: Mobile Electronics Custom Theater

Primary Contact: _____ Mobile Number: _____

Contact Email: _____

For your convenience A.M. Distributors send Invoices and Statements via Email. Please provide us with the email addresses you would like them sent to. (No more than 2)

Primary Email: _____

Secondary Email: _____

Section 2 Dealer Credit Card Charge Authorization

Company Name: _____

Card Holder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Expiration Date: _____ CVV Number: _____ Card Type: Visa Master Card

I authorize A.M. Distributors to charge the credit card provided for goods and services provided by A.M. Distributors on orders placed by phone, fax, website or in person without swipe or signature. The provided signature will serve as authorization and signature on file for this card. I agree to pay for purchases according to my cardholder agreement.

Authorized Signature: _____ Date: _____

**** Important ****

Please include a copy of the business resale tax certificate and appropriate state Resale Tax form. Incomplete applications will not be processed.

Section 3 Checking Account Verification

Bank Name: _____

Bank Contact Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Holder Name: _____

Account Number(s): _____

I authorize A.M. Distributors to contact the financial institution listed above for inquiry of the listed account(s) credit standings. Please accept my signature as authorization to provide the requested information.

Authorized Signature: _____ Date: _____

Printed Name: _____

Financial Institution Use Only

Your customer listed above has granted A.M. Distributors authorization to verify the account(s) they currently hold with your institution are active and request basic information below. If you have any questions please contact our accounts receivable department at (708) 345-1300 ext 226 or email ar@amdistributors.com. Please fax completed inquires to (708) 345-2870 or email to ar@amdistributors.com.

We appreciate your cooperation.

Date Account Established: ____ / ____ / _____ Average Daily Balance: _____

Number of NSF Check within the Past 12 months: _____

Additional Comments: _____

Name of Bank Officer Completing Inquiry: _____

Section 4 Request for Open Account

Business References
 (Please provide complete information to expedite processing)

Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: ____ Zip: _____	City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Personal Guarantee

In consideration of the extension of credit by A.M. Distributors, Inc. (AMD) to: _____ (hereinafter referred to as "The Customer") and for other valuable consideration, the undersigned hereby agrees to pay all sums of money now due and hereafter to become due from the Customer, including, without limiting the generality of the foregoing, legal and other costs of attempts to collect said sums from Customer and the undersigned, and lawful interest on said sum.

The liability of the undersigned shall not be affected by discharge, extension of time, release of security, acceptance of compromise or any other modification of the liability of the Customer, and shall receive credit for any sum received on Customer's account. The undersigned hereby waives any notice of the time and amount of extension of credit to the Customer, as well as rights of set-off, redemption and counterclaim which may be alleged to exist in favor of Customer.

This agreement is intended to cover a running account or accounts by the Customer and will remain in full force and effect until 14 days after receipt of written withdrawn request. Such withdrawal shall be effective prospectively only, and this agreement shall remain in full force and effect with respect to all sums of money that are due and that become due from Customer as a result of transactions through and including the date 14 days after said withdrawal is received. No rights against the undersigned are waived by failure to exercise any rights against the Customer upon his default. The incorporation, merger, reorganization or sale of Customer's business shall not operate as a termination of this guarantee. The undersigned hereby agrees to pay any and all of said sums together with all legal and other cost including attorney's fees of enforcing the agreement contained herein both as against the Customer and the undersigned.

The agreement is a _____ contract and shall be interpreted under the Laws of said State and shall be effective immediately. This agreement is binding upon the undersigned, his administrators, executors, heirs and assigns.

Company Name: _____	
Address: _____	City: _____ State: ____ Zip: _____
<u>First Guarantor</u>	<u>Second Guarantor</u>
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Social Security Number: _____ Date: _____	Social Security Number: _____ Date: _____

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

Form ST-105
General Information and Instructions

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

Note: The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.