



695 Central Avenue STE 1510 ST Petersburg, FL 33701

Tel: +1 (518) 364-3673 • Web: www.clusteredsolutions.com • Email: sales@clusteredsolutions.com

Account Application

Business Information:

Legal Business Name:

Doing Business As:

Address: (NO P.O. Box):

Business Phone Number:

Business Fax Number:

Dun and Bradstreet Number (D&B):

Federal Tax ID Number:

Business Website Address:

Owner/President:

Accounts Payable Contact:

Authorized Purchaser:

Email Address:

Date Business was founded:

Please check all that apply:

Company Structure: Sole Proprietorship Partnership LLC Corporation

Length of time at this address: _____ years _____ month(s)

The Facilities from which we operate are _____ owned _____ leased



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Business Profile

Please describe your business:

Amount of people currently employed:

Annual Gross Revenue:

Parent Company / Subsidiaries' names:

Do you regularly attend trade shows?

How many locations do you currently operate?

Do you do any business internationally?

Do you import products regularly?

References

We require bank and professional references from our applicants. Please use the form below to submit the company's references to the best of your ability.

The applicant hereby authorizes the release of credit and banking information by the references listed below in this application:

_____	_____	_____
Signature	Name	Title

Reference Name:

Relationship:

Address:

Phone Number:



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Account Number:

Credit Limit:

Reference Name:

Relationship:

Address:

Phone Number:

Account Number:

Credit Limit:

Reference Name:

Relationship:

Address:

Phone Number:

Account Number:

Credit Limit:

I/We understand that the information provided is for the purpose of opening an account with Clustered Solutions Inc. and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed. All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to Clustered Solutions Inc. shall be paid in full, and that any checks returned unpaid by your financial institution are subject to a Service Charge of \$25 or the maximum allowed by law. Checks returned for insufficient or uncollected funds, together with Service Charges, may be debited electronically from your account or collected using a bank draft drawn from your account. I/ We agree to pay all reasonable costs of collection costs which are no less than 33% of the unpaid principal plus interest in addition to any court costs and/or attorney fees incurred.

_____	_____	_____	_____
Signature	Name	Title (Officer Needed)	Date

Please attach a copy of a valid Government ID from the applicant as well as Resale Tax Certificate for your state. Please provide any other necessary information that will aid in the application process.