

SMA Customer Information & Application Agreement



Date: _____

Send Completed Form To: P.O. Box 2247 Jonesboro, AR 72402-2247 **Fax:** 870-935-5651 **Email:** ar@smalink.com

Select One

New Customer Request
 Add Ship-To Location
 Update Information on Existing Account # _____

Section 1 - Customer Information

Company Name: _____

Billing Add 1: _____

Billing Add 2: _____

City: _____

State: _____ Zip: _____

County: _____

Phone: _____

Fax: _____

Company Email: _____

Company Website: _____

Fed. ID#(EIN/BN): _____

Year Started: _____

Nature of Business: _____

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____

City: _____

State: _____ Zip: _____

County: _____

Phone: _____

Fax: _____

**See attached page 5 to add additional ship-to's*

Check All that Apply to Your Business:

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> John Deere Dealer | <input type="checkbox"/> CNH Dealer | <input type="checkbox"/> Kubota |
| <input type="checkbox"/> Other OEM Dealer | <input type="checkbox"/> Auto Parts Store | <input type="checkbox"/> Co-Op |
| <input type="checkbox"/> Fertilizer Supply | <input type="checkbox"/> Tractor Repair Shop | |
| <input type="checkbox"/> Farm & Fleet Store | <input type="checkbox"/> Manufacturer | |
| <input type="checkbox"/> Other: _____ | | |

Section 2 - Invoice/Statement

Do you require Purchase Order Numbers? Yes No Annual Estimated Purchases \$ _____

Which method do you prefer to receive invoices?

Email To: _____

Fax To: _____

Section 3 - Manager & Accounts Payable Contact Information (Required)

Manager Name: _____ A/P Contact Name: _____

Manager Phone: _____ A/P Phone: _____

Manager Email: _____ A/P Email: _____

**Incomplete or Unsigned Applications Will Not Be Processed*

SMA Customer Credit Information Application



Account Payment Options:

Open Account (Standard Terms)
 Credit Card (See Credit Card Info)

****SMA Does Not Process COD Shipments****

1. *Vendor Credit References (3 Required) for Open Account - Standard Terms*

Name	City	State
Email	Phone	Fax

2.

Name	City	State
Email	Phone	Fax

3.

Name	City	State
Email	Phone	Fax

Credit Card Information:

For privacy, please supply your credit card information to customer service when placing your first order. Your card information will be stored electronically and used to process all future transactions.

Note: SMA cannot accept backorders on credit card only accounts. A preauthorization will be placed on the credit card equal to the order amount plus estimated freight charges.

I understand that my/our account with SMA is payable by due date on the invoice and any account with a balance past due 45 days will be placed on credit hold without notice. A standard service charge of up to 1.5% per month will be levied on overdue balances. Such charges will continue each month thereafter until the account is paid. Any legal and/or collection fees required to secure payment on this account will become my/our responsibility. The completion of this form does not necessarily guarantee open account privileges. Signature below is written consent to complete a credit check. Payment of any part of your account by check may be converted to an ACH transaction. ****If requesting a credit card account, please charge my credit card for all shipments.**

Signature	Date
Printed Name	Title

****Incomplete or Unsigned Applications Will Not Be Processed***

SMA Customer Certificate of Exemption



Please check here if your account will be *taxable*

If *non-taxable*, please complete the following:

The undersigned hereby claims exemption on the purchase of tangible personal property from SMA on and after _____, made under this certificate and certifies that this claim is based upon the purchaser's proposed use of the item(s) purchased, the activity of the purchaser, or both as shown herein.

State here reason for exemption: _____

Company Name: _____

State Sales Tax Exemption #: _____

This certificate shall continue in force until revoked, and shall be considered a part of each order given to the above named vendor, unless the order specifies otherwise.

By: _____ Date Signed: _____
Signature & Title

****INCLUDE A COPY OF YOUR STATE SALES TAX EXEPTION CERTIFICATE****

.....
PLEASE PROVIDE ANY INFORMATION BELOW REGARDING ADDITIONAL COMPANY CONTACTS INCLUDING PHONE NUMBERS, FAX NUMBERS, AND EMAIL ADDRESSES WHICH WILL HELP US BETTER SERVICE YOUR ACCOUNT. THANK YOU.

Company Name: _____

**Incomplete or Unsigned Applications Will Not Be Processed*

Guaranty Agreement



Send Completed Form To: P.O. Box 2247 Jonesboro, AR 72402-2247 **Fax:** 870-935-5651 **Email:** ar@smalink.com

FOR VALUE RECIEVED and in considerations of present and future credit sales of goods and merchandise made on an unsecured account by SOUTHERN MARKETING AFFILIATES, sellers, to _____ a corporation, buyer, the undersigned, stockholders of the buyer, do(es) hereby guarantee to Southern Marketing Affiliates and its successors and assigns the full and prompt payment, when due and at all times thereafter, of any and all indebtedness arising from the sales of goods and merchandise to the buyer on account and waives advance notice of charges made to said account and agrees to be responsible for the same when due. The undersigned acknowledge that they will be personally liable for indebtedness of the buyer to Southern Marketing Affiliates.

This guaranty shall be continuing and unconditional and will remain in full force and effect until written notice of its discontinuance shall be actually recieved by Southern Marketing Affiliates and until any indebtedness and liabilities existing at the time of receipt of such notice shall be fully paid.

This guaranty shall be binding upon the undersigned and their heirs, legal representatives, and assigns.

DATED this _____ day of _____

Signature Title

Witness Title

Additional Ship-to Information

(use this section to add additional ship-to locations for your account)



1.

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

** If non-taxable, State Sales Tax Exemption Documents must be provided for each additional location.*

2.

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

** If non-taxable, State Sales Tax Exemption Documents must be provided for each additional location.*

3.

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

** If non-taxable, State Sales Tax Exemption Documents must be provided for each additional location.*