

## QUICK STORE CONTAINERS AUTHORIZED RESALER PROGRAM APPLICATION (Please print or type)

| CUSTOMER INFORMATION   |  |  |                                      |  |
|--|--|--|--------------------------------------|--|
| Full Legal Company Name (include any DBA)  |  | Company Phone Number                       |                                      |  |
| Full Name of Parent Company  |  | Company Fax Number                         |                                      |  |
| Company Address (include City/State/Zip)   |  | Trade Name (Name used for buying purposes) |                                      |  |
| Company Mailing Address (include City/State/Zip)   |  | Company Website Address                    |                                      |  |
| Contact Name & Title   |  | Contact Phone Number                       |                                      |  |
| Contact's Address (include City/State/Zip)   |  | Contact Person Email                       |                                      |  |
| Accounts Payable Contact   |  | Accounts Payable Phone Number              |                                      |  |
| Billing Address (include City/State/Zip)   |  | Billing Email                              |                                      |  |
| Shipping Contact   |  | Shipping Contact Phone Number              |                                      |  |
| Shipping Address (include City/State/Zip)  |  | Shipping Email                             |                                      |  |
| CREDIT INFORMATION - AUDITED FINANCIAL STATEMENTS FOR THE LAST TWO YEARS AND THE LATEST INTERIM STATEMENTS ARE REQUIRED.   |  |  |                                      |  |
| Financial Statements (Include copy of Financials for at least 24 months)  ☐ Enclosed ☐ To be mailed ☐ Application fee of \$50.00 (made out to ASG, LLC) attached |  |  |                                      |  |
| Years in Business  | State of Incorporation   |  | Dunn & Bradstreet Number:            |  |
| Hours of Operation am to pm  | Resale Tax Number (If applicable, attach copy)   |  | Tax Exempt Number (Must attach copy) |  |
| Federal Tax Identification Number:   | Type of Business   | Type of Business                           |                                      |  |
| Fating and A Table Monthly Continue  | Corporation Partnership (Must provide Social Security Number in "Guarantor Info" below)  |  |                                      |  |
| Estimated Total Monthly Orders \$  | ☐ Joint Venture ☐ Sole Proprietorship (Must provide Social Security Number in "Guarantor Info" below) ☐ Subchapters ☐ Limited Liability (Must provide Social Security Number in "Guarantor Info" |  |                                      |  |
| BANK REFERENCES - DATA ON SECOND OR PREVIOUS BANK REQUIRED IF APPLICANT AT PRESENT BANK LESS THAN TWO YEARS.   |  |  |                                      |  |
| Present Bank of Applicant  |  |  | Account Number and Type              |  |
| Name of Bank Officer   | Phone Number   |  | Fax Number                           |  |
| Previous or Second Bank of Applicant   |  |  | Account Number and Type              |  |
| Name of Bank Officer   | Phone Number   |  | Fax Number                           |  |
| Trade References   |  |  |                                      |  |
| Name of First Trade Reference  | Address  |  |                                      |  |
| Contact  | Phone Number   |  | Fax Number                           |  |
| Name of Second Trade Reference   | Address  |  |                                      |  |
| Contact  | Phone Number   |  | Fax Number                           |  |
| Name of Third Trade Reference  | Address  |  |                                      |  |
| Contact  | Phone Number   |  | Fax Number                           |  |
| Name of Forth Trade Reference  | Address  |  |                                      |  |
| Contact  | Phone Number   |  | Fax Number                           |  |

|   | FORMATION REQUIRED FOR ALL CORPORATIONS<br>PS OR PROPRIETORSHIPS, REGARDLESS OF TIME |            |  |  |
|---|--|------------|--|--|
| Name of First Guarantor   | Address  |            |  |  |
| Title   | Phone Number   | Fax Number |  |  |
| Guarantor's Social Security Number  | Credit Information   |            |  |  |
| Name of Second Guarantor  | Address  |            |  |  |
| Title   | Phone Number   | Fax Number |  |  |
| Guarantor's Social Security Number  | Credit Information   |            |  |  |
| Name of Third Guarantor   | Address  |            |  |  |
| Title   | Phone Number   | Fax Number |  |  |
| Guarantor's Social Security Number  | Credit Information   |            |  |  |
| make commercial purchases on credit terms. We/I authorize ASG, LLC to investigate the references and banks listed and other credit resources pertaining to our/my credit and financial responsibility. The undersigned certifies this information to be true and understands that any information ombitted may cause this request to de denied. Any information obtained in reference to this credit application will be used only in conjunction with making a credit decision and will be held in strict confidence by ASG, LLC and its designees. Further, it is understood that ASG, LLC will retain this application whether or not credit approval is granted. The undersigned understands and agrees that any extension of credit will include the obligation to pay finance charges on all past due balances in the amount of 1.5% per month (18% per annum). It is furthered agreed that the undersigned will pay any collection of this accordance including attorneys fees that may become necessary to effect collection of this accordance must have feel and out to cated within the State of California, and the undersigned consents to the jurisdiction and venue of any local, state or federal court sociated within the State of California and the United States, and further agrees that any and all causes of action hereunder by and between the parties hereto shall only have jurisdiction and venue in local, state or federal courts in the California state.  Applicant agrees to pay monies due within 15 days of invoice. Should applicant default on contract terms and legal action becomes necessary, the applicant agrees to pay all collection expenses including administration costs, court costs and attorney's fees. Applicant will notify ASG, LLC of any changes in company name, address or phone number as soon as such changes occur. Applicant agrees to submit financials for the past 24 months and pay a \$50.00 applicant limited processing the Applicant's request for credit, including bank records and other financial data.  **PERSONAL GUARANTY**  We/I, to and in con |  |            |  |  |
| PRINTED NAME & TITLE (Must be an Officer of the Company):   |  |            |  |  |
| SIGNATURE:  | -  | DATE       |  |  |
| PLEASE MAIL THE COMPLETED FORM TO: ASG LLC, 18653 Ventura Blvd. #380, Tarzana, CA 91356   |  |            |  |  |
| ASG, LLC Office Use Only  | AR Account Number  |            |  |  |
| Approved by   | Date   |            |  |  |