

FAX 952-854-5329 / PHONE 952-854-2222

**ACCOUNT APPLICATION
AGREEMENT**

This application covers all stores serviced by M. Amundson Cigar & Candy Co. ("Amundson").

Date: _____

Customer Information

Legal Name: _____ d/b/a: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Do you own your building _____ or do you lease? _____

Landlords Name: _____ Landlords Phone: (____) _____

Type of Business:

Proprietorship Partnership Corporation Other

Sales Tax #: _____ Federal ID #: _____

Company Officers, Partners and/or Owners Information:

Full Name: _____ Title: _____ SS#: _____
First Last

Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: (____) _____

Full Name: _____ Title: _____ SS#: _____
First Last

Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: (____) _____

Customer Bank Information:

Bank Name: _____ Address: _____ City: _____ State: _____

Bank Contact: _____ Phone #: (____) _____ Account #: _____

Company Trade Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Payment Agreement:

Payment of invoices for products purchased must be made within 0 (COD) days from the date of the invoice. In the event the above customer fails to pay the invoices within the specified terms of your account, a late payment charge equal to the lesser of 1 ½% per month (18% Annual Percentage Rate) or the highest maximum rate permitted by law, will be imposed on all past due accounts.

This Agreement continues on the next page

CONDITIONS OF DELIVERY: A) A Five Hundred Dollar (\$500.00) payment each week, to be applied to the outstanding balance owed to Amundson is to be given to our Sales Representative before the order is submitted. B) Weekly order completed on a Amundson order guide for the Sales Representative on their call day. C) All merchandise delivered to my/our business by Amundson will have C.O.D. (Cash on Delivery – Cashiers Check Preferred) terms. No payment – No Delivery. D) All credits will be processed by the normal Amundson policy (14 days). No early deduction will be allowed.

The undersigned customer hereby submits to the jurisdiction of the Hennepin County District Court of Minnesota for any disputes arising out of its business with Amundson. The information provided within is true and correct to the best of the undersigned customer's knowledge and is offered as inducement to Amundson to extend credit to the undersigned customer. The undersigned customer hereby authorizes Amundson to verify without liability all statements and references contained within, including but not limited to, the use of credit reporting agencies and credit bureaus. If the undersigned customer is not a natural person, the natural person signing on behalf the undersigned customer hereby authorizes Amundson to obtain his/her personal consumer credit report so Amundson may evaluate his/her creditworthiness as a principal, proprietor and/or guarantor and further evaluate whether to extend business credit to the undersigned customer. If the undersigned customer fails to pay any indebtedness to Amundson when due, the undersigned customer agrees to pay all collection costs, legal expenses and reasonable attorney's fees at any time paid or incurred by Amundson as the result thereof. If the undersigned customer and/or the natural person signing on behalf of the undersigned customer, commences litigation against Amundson and is not the prevailing party therein, the undersigned customer and/or the natural person signing on behalf of the undersigned customer, agrees to pay all costs, legal expenses and reasonable attorney's fees incurred by Amundson resulting from said litigation.

HAVING READ THE ENTIRE AGREEMENT, I AGREE TO BE BOUND BY ALL OF THE TERMS HEREIN. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Date: _____ Signature: _____

Please Print Name

Date: _____ Signature: _____

Please Print Name

Personal Guaranty

In consideration of the extension of credit and sales of products by Amundson to the above customer, I/We personally assume and unconditionally guarantee the prompt payment of all sums as are now due or at any time in the future may become due and owing to Amundson by said customer, including but not limited to, all collection costs, legal expenses and reasonable attorney's fees at any time paid or incurred by Amundson. I/We hereby submit to the jurisdiction of the Hennepin County District Court of Minnesota, for any disputes arising out of this Personal Guaranty. This Personal Guaranty shall be Continuing and can be revoked only in writing and only if delivered to Amundson, Inc. by Certified Mail – Return Receipt Requested. Any revocation of the Personal Guaranty shall be effective only as to purchases from Amundson, Inc. made after the date Amundson, Inc. receives notice of said revocation.

BY SIGNING HEREON I ACKNOWLEDGE RECEIPT OF A COPY OF THE ENTIRE AGREEMENT. I/WE ALSO ACKNOWLEDGE THAT I/WE HAVE READ THE ENTIRE AGREEMENT AND AGREE TO BE BOUND BY ALL OF THE TERMS CONTAINED HEREIN.

Date: _____ Signature: _____

Please Print Name _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting M Amundson Cigar & Candy Co LLP			
Seller's address _____		City _____	State _____ Zip code _____	
9148 Old Cedar Ave		Bloomington	MN 55425	

Type of business. Circle the number that describes your business.

- | | | |
|------------------|--|---------------------------------------|
| Type of business | 01 Accommodation and food services | 11 Transportation and warehousing |
| | 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| | 03 Construction | 13 Wholesale trade |
| | 04 Finance and insurance | 14 Business services |
| | 05 Information, publishing and communications | 15 Professional services |
| | 06 Manufacturing | 16 Education and health-care services |
| | 07 Mining | 17 Nonprofit organization |
| | 08 Real estate | 18 Government |
| | 09 Rental and leasing | 19 Not a business (explain) _____ |
| | <input checked="" type="radio"/> 10 Retail trade | 20 Other (explain) _____ |

Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | | |
|----------------------|---|---|
| Reason for exemption | A Federal government (department) _____ | I Agricultural production |
| | B Specific government exemption (from list on back) _____ | J Industrial production/manufacturing |
| | C Tribal government (name) _____ | K Direct pay authorization |
| | D Foreign diplomat # _____ | L Multiple points of use (services, digital goods, or computer software delivered electronically) |
| | E Charitable organization # _____ | M Direct mail |
| | F Educational organization # _____ | N Other (enter number from back page) _____ |
| | G Religious organization # _____ | O Percentage exemption |
| | <input checked="" type="radio"/> H Resale | <input type="checkbox"/> Advertising (enter percentage) _____ % |
| | | <input type="checkbox"/> Utilities (enter percentage) _____ % |
| | | <input type="checkbox"/> Electricity (enter percentage) _____ % |

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____

AMUNDSON CIGAR AND CANDY

ACH Enrollment Form Information

Store Information

Store Name: _____

Store Address: _____

Store City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

E-Mail Address: _____

Bank Information

Bank Name: _____

Account Type: Checking_____ Savings_____

Account Number: _____

Routing Number: _____

Account's Authorization:

Please sign below to confirm that you are authorizing Amundson Cigar and Candy to begin drafting payments for invoices from the account indicated above.

Signature: _____ Date: _____

Please submit the completed form and a copy of a voided check if available.

Email amundson9148@comcast.net or mail to the following address:

Amundson Cigar & Candy

9148 Old Cedar Ave

Bloomington, MN 55425

If you have any questions, please call us at 952-854-2222. You may also fax form to 952-854-5329.