



Distributor Application

ALL AREAS MUST BE COMPLETED
NO STANDARD APPLICATIONS WILL BE ACCEPTED

Bovaird Supply Company LLC (BSC) is a wholesaler & distributor of science based remediation products and services for the energy industry. We exists to service & support our distributor partners. Throughout our long history we have demonstrated our commitment to our partners by offering competitive pricing, high service levels, and by never selling to the end user in competition with our proven partners.

918-293-0223

888-525-5103

www.bovairdsupply.com

**Bovaird Supply Company LLC (BSC)
ACCOUNT APPLICATION**

Date: _____

How Applied: Phone In Person Fax/Mail

Person Completing Application

How did you find out about BSC – who referred/what company _____

Business Name _____ Phone _____ Fax _____

D/B/A _____

Billing Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ County _____

Shipping Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ For Past _____ Years

*Must be a commercial location (Street) _____ (City) _____ (State) _____ (Zip) _____

Country _____ Do you export? Yes _____ No _____ (This will only apply to US-based companies involved in exporting)

If yes? What Countries? _____

E-Mail Address _____

Type of Business _____ Date Established (current owner) _____ Company URL _____

No. of Employees _____ No of locations _____ Est. Annual Sales _____

PRIMARY CONTACTS:

President: _____ (Name) _____ (Phone #) _____ (Cell #)

Vice President: _____ (Name) _____ (Phone #) _____ (Cell #)

Purchasing Agent: _____ (Name) _____ (Phone #) _____ (Cell #)

OWNERSHIP: Sole Owner Partnership Corporation DESIRED CREDIT LIMIT*: _____

***Include financial statement if credit line is in excess of \$2,500.00.**

Responsible Person for Payments:	SHIPPING INSTRUCTIONS	Retain <input type="checkbox"/>	Cancel <input type="checkbox"/>
AP-Contact / Phone	Back Orders:		
Contact / Phone	Do you require monthly stmt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Accept substitutions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Accept partial shipments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Issued to (Seller) **Bovaird Supply Company LLC • PO Box 52826 • Tulsa, Oklahoma 74105**

I _____ certify that _____

Buyer _____ Name of Firm _____

Street Address or PO Box No. _____ City _____ State _____ Zip _____

Is engaged as a Registered _____ Wholesaler _____ Retailer _____ Manufacturer and is registered with the below listed states and cities within which BSC would deliver. Such purchases are for wholesale, resale. Ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. BSC is a pure wholesale distributorship. BSC does not sell to the end user/manufacturer. (Products cannot be altered in any way.) BSC is in the business of wholesale, industrial, welding, safety, MRO, oilfield and construction products.

*** MUST FAX IN THE ATTACHED MULTI-JURISDICTIONAL UNIFORM SALES AND USE TAX CERTIFICATE**

Buying Group Member Yes No If yes, name of group _____ Dunn & Bradstreet # (if known) _____

General Description of products to be purchased: _____

I hereby agree to the terms and conditions and to authorize the release of credit information for the purpose of establishing credit with Bovaird Supply Company LLC and for future updates.

Officer/Principal Signature (Authorized signer on bank account) _____ Print Name _____ Date _____

If required, are the principal owners willing to sign a personal guaranty? Yes No

All account applications must be completed in full and legible for departmental input or it will not be processed.



Credit Information

TRADE REFERENCES: (Name suppliers of major products and services)

Company Name _____	Contact _____
City _____ State _____ Zip _____	Phone _____ Fax _____
Company Name _____	Contact _____
City _____ State _____ Zip _____	Phone _____ Fax _____
Company Name _____	Contact _____
City _____ State _____ Zip _____	Phone _____ Fax _____
Company Name _____	Contact _____
City _____ State _____ Zip _____	Phone _____ Fax _____
Company Name _____	Contact _____
City _____ State _____ Zip _____	Phone _____ Fax _____

BANK REFERENCES:

Checking Loan Savings

Bank Name _____	City, State _____	Acct # _____
Contact _____	Phone # _____	Fax # _____

Checking Loan Savings

Bank Name _____	City, State _____	Acct # _____
Contact _____	Phone # _____	Fax # _____

UNIFORM SALES AND USE TAX CERTIFICATE-MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Bovaird Supply Company LLC
 Address: PO Box 52826, Tulsa, OK 74105

I certify that:

Legal Name (Buyer): _____
 Address: _____

Is engaged as a registered Wholesaler
 Retailer
 Manufacturer
 Seller (California)
 Lessor (See notes on pp 2-4)
 Export (Country) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller:

State	State Registration, Seller's Permit, or ID number of Purchaser	State	State Registration, Seller's Permit, or ID number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____