

Equustock, LLC

Administrative Office and Warehouse

8179-1 Starwood Drive

Loves Park, IL 61111

Sales Office: (866) 962-4686

Fax: (815) 885-4286

Dealer Profile Account Information

Date: _____

Company Name: _____

Bill to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ email: _____

Persons authorized to order _____

Resale Certificate Number: _____ State: _____

FEIN: _____

A sales tax resale number is required for all dealer purchases.

Terms: See "Payment Options" page

No order may be canceled after date of order placement. Equustock is not responsible for delays in delivery for any reason.

Some regions receive product via flatbed, others straight truck. Please confirm what equipment will be necessary for offloading. Additional charges could occur if a forklift, pallet jack and/or dock is not available, These charges will be billed to you.

I agree to the terms of payment I select on payment options page. I agree to be held liable for any payment that is submitted upon an insufficient account or for return by the bank for any reason. I agree to assume all legal fees of collection for any reason. All collection disputes will be resolved in Winnebago County, Illinois. Should such return occur, I agree to pay a 2% fee or no less than \$25.00.

Ship to address if different than Bill to address: _____

Zip Code: _____

Phone number to schedule delivery: _____

Any special instructions: _____

Authorized Signature

Date:

Application for Credit to:

Guardian Horse Bedding

EQUUSTOCK, LLC
8179-1 Starwood Drive
Loves Park, IL 61111

Phone: (866) 962-4686

Fax: (815) 885-4286

Date: _____

Company Name: _____

in Business since: _____ (year)

Attn: _____

Fax: _____

We hereby apply for credit and certify that the information below is correct. Our understanding is that this information is for the confidential use of your credit department only.

Name of Bank: _____

Attn: _____

Address: _____

City: _____

Acct:#: _____

Phone #: _____

Fax #: _____

State: _____ Zip: _____

Trade References: 5 required Please provide credit references that will provide a minimum of \$2500 credit limit with terms other than COD. We cannot accept references with COD terms.

Name: _____

Address: _____

Account #: _____

Phone #: _____

Fax #: _____

Name: _____

Address: _____

Account #: _____

Phone #: _____

Fax #: _____

Name: _____

Address: _____

Account #: _____

Phone #: _____

Fax #: _____

Name: _____

Address: _____

Account #: _____

Phone #: _____

Fax #: _____

Name: _____

Address: _____

Account #: _____

Phone #: _____

Fax #: _____

We understand your terms for credit approval accounts are Net 15 days - FOB Shipping point and agree to meet these terms. A finance charge of 1.5% per month (18% per annum) will be charged on all past due invoices. If collection action is taken, we understand and agree that we will be responsible for all legal and other fees incurred. My signature below authorizes the above credit references to release any applicable credit information on my account and payment history.

Date: _____ Signed: _____ Print Name _____ Title: _____

Billing & Shipping Instructions:

Bill to: _____

Ship to: _____

Phone#: _____

Phone#: _____

Please submit a copy of your RESALE CERTIFICATE

Federal ID#: _____

Equustock, LLC dba Guardian Horse Bedding tm

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Loves Park, IL 61111

Sales Office: (866) 962-4686

www.guardianhorsebedding.com

Fax: (815) 885-4286

If you are attaching a pre-printed Credit Reference page, please sign this document to authorize your bank and vendors to release the information.

Without this release, your bank and your vendors cannot release reference information to us.

We understand your terms for credit approval accounts are Net 15 days - FOB Shipping point and agree to meet these terms. A finance charge of 1.5% per month (18% per annum) will be charged on all past due invoices. If collection action is taken, we understand and agree that we will be responsible for all legal and other fees incurred. My signature below authorizes the above credit references to release any applicable credit information on my account and payment history.

Company Name: _____

Signed: _____ Print Name: _____ Title: _____

Date: _____

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Thank you for your interest in our premium line of absorbents. We have payment options available to our new customers and have provided our choices below. Please note the payment option that best suits you and forward this page with your customer profile. Additional forms will be sent when we know the option you choose.

_____ Secure with my credit card and I will send you a check per your terms Net 10 days from date of delivery.
If payment is not received within 10 days, your card will be charged the non-cash discount amount .
invoice total plus 5%. If you choose this option, we will send you a credit card authorization form.

_____ I will forward a check and realize that my order will not be processed until the check is received.

_____ I understand that the price quoted is a cash price. Please charge my credit card for the non-cash discount amount
+5%. If you choose this option, we will send you a credit card authorization form.

_____ I wish to establish an open account. Terms: Net 10 days from date of delivery.
See credit application attached. Please note that you must have no less than 5 credit references that offer a
minimum of \$2,500.00 open credit on your account and a commercial / business checking
account to qualify for open term consideration.

_____ ACH withdrawal. Available if you have a business checking account.
If you choose this option, we will send you and ACH withdrawal form.

_____ Wire transfer.
If you choose this option, we will send you the appropriate information.

Do you prefer your forms faxed or e-mailed: _____ fax _____ e-mail

Name: _____

Fax: _____

Phone: _____

E-mail: _____

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Product Policy:

No refunds or returns of orders once they have left our plant. Credits for any damaged product must be pre-approved and must be accompanied by a bill of lading with damage noted. You must notify us of any shipping damage while the truck is in your yard and you must note the bill of lading before signing. No deductions can be taken from payment of invoice for any reason without written approval from Equustock, LLC. Written approval will only be given with documentation of damage (photos).

Equustock, LLC does not offer credit for:

1. Moderate bag / torn bag damage (because of the weight of this product and the method of shipping, there is a possibility of torn bags from forklifts, etc. We suggest you tape up the bag and sell at a slightly reduced price. This kind of damage will not hurt the product.)
2. Price Matching
3. Comp product to customers
4. Or for any reason unless approved in writing by Equustock, LLC.

If there is substantial damage due to shipping, you must:

Contact our business office while the truck is offloading.

Note the extent of the damage on the bill of lading and have the driver initial recognition of damage.

Photograph the damage completely.

If damage warrants credit for product, Equustock LLC will issue a credit. Do not deduct from your payment without written authorization.

Equustock, LLC ASSUME NO LIABILITY for freight delays for any reason
PLEASE BE SURE THAT YOU HAVE THE MEANS TO UNLOAD THE SEMI: FORKLIFT AND DOCK OR PALLET JACK TO MOVE THE PALLETS TO BACK OF TRUCK. CUSTOMER ASSUMES ALL LIABILITY FOR ADDITIONAL CHARGES FOR DELAYS IN UNLOADING OF FREIGHT. THE FREIGHT INCLUDED ALLOWS FOR 2 HOURS OFFLOADING TIME. ANYTHING OVER 2 HOURS IS SUBJECT TO ADDITIONAL CHARGES.
PLEASE BE SURE THE EQUIPMENT YOU USE TO UNLOAD THE PRODUCT ARE RATED TO HANDLE THIS WEIGHT.

All credit disputes will be settled in Winnebago County - Illinois. Customer agrees to pay all court costs and attorney fees associated with collection. The product remains the property of Equustock, LLC until it is paid for in full and is entitled to recovery of product in case of default of payment. Equustock, LLC cannot be responsible for damage to product, property or injury during offloading or handling of product for any reason. Please report any shipping damage and record on the delivery receipt upon delivery. Please advise Equustock, LLC of these damages. By signature below, you agree to pay the invoice in full within the terms applied. If payment is not received within terms, Equustock, LLC will have the right to retrieve the product, or file suit for collection for payment.

Date: _____

Signed: _____

ACH PAYMENT

CREDIT / DEBIT AUTHORIZATION

Effective _____, I (we) authorize Equustock, LLC to initiate a Charge/Credit entry to my

(our) checking/ savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions credited / debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Bank a reasonable opportunity to act on it.

Name of Financial Institution: _____

Location (City & State): _____

Financial Institution's Routing Transit Number: _____

(Look between symbols "|": |: " on your check)

Customer /Employee Signature

Date

Customer /Employee Name (Print Name)

Checking Account No. _____

If your account is to be charged, you may select a

Savings Account No. _____

"Set Amount" \$ _____

OR

"Maximum Amount" \$ _____

Please Attach a Copy of a Cancelled Check

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CLIENT SIGNATURE ON FILE FORM

_____ I authorize Equustock, LLC to keep my signature on file and to authorize the credit card selected below for the following terms: Credit card will be used as a security for **Net 10 Day** terms on my shipments. **Your card will be authorized to reserve the total non-cash discount amount.**

I agree that if my payment does not arrive within 10 days of the date of my delivery, my credit card will be charged the total invoice plus 5% reinstatement of the non cash discount included. Additionally, I authorize Equustock, LLC to charge my card for any overcharges on my order including additional shipping costs from delay in offloading.

Please note that if you use debit card rather than a credit card, the authorization will freeze your funds and they will not be available to you.

If you are using a credit card, while we will not receive the funds, they will be frozen from your available open credit on your card.

Check one: _____ Visa _____ MasterCard _____ American Express

Customer Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp Date: _____

V code / last 3 digits of the number on back of the Visa and MasterCard _____

V code / 4 digits above the credit card number on American Express card: _____

Cardholder Signature: _____ Date: _____