



Primary Supplier \_\_\_\_\_  
Return the completed, and signed, application to your supplier or you may send via  
Fax: 877-321-6699 or Mail: ProTrade Credit, PO Box 17825, Portland, ME 04112.



Company Information

Legal Name \_\_\_\_\_  
Doing business as (DBA), if different \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Company Website \_\_\_\_\_  
Fed Employer ID Number (Tax ID) \_\_\_\_\_  
Gross Annual Revenue \_\_\_\_\_ # of Employees \_\_\_\_\_  
Business Start Date \_\_\_\_\_

Physical Address  
Street (required)  
*No P.O. Boxes or CMRA* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Contact (First, MI, Last) \_\_\_\_\_  
DOB \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Billing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Entity Type**  
*(Choose one)*

<input type="checkbox"/> Corporation	<input type="checkbox"/> Government
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> LLC/Limited Liability Partnership	<input type="checkbox"/> Non-profit

If Incorporated, State: \_\_\_\_\_ If Incorporated, Date: \_\_\_\_\_

**Ownership Type**  
*(Choose one)*

<input type="checkbox"/> Publicly Traded	<input type="checkbox"/> Government Owned
<input type="checkbox"/> Privately Owned	

**Business Industry Code (NAICS):**  
*Need help? Go to [naics.capitalone.com](http://naics.capitalone.com) and search by your primary business activity.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Purchasing Information

**REQUESTED CREDIT LIMIT**  
\$ \_\_\_\_\_

Monthly spend with this supplier \$ \_\_\_\_\_

*Depending on your credit limit needs, we may require a current financial statement including balance sheet, P&L and statement of cash flow.*

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Business Ownership** All businesses, except Sole Proprietorships, Government Entities, Publicly Traded Corporations, and Non-Profits, are required to identify each individual, if any, who directly or indirectly owns 25% or more of the business. No individuals directly or indirectly own 25% or more of the business.

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_  
Primary Phone \_\_\_\_\_ U.S. SSN # \_\_\_\_\_  
Foreign Identification Type *(If no U.S. Identification)* \_\_\_\_\_  
I.D. # \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_  
Primary Phone \_\_\_\_\_ U.S. SSN # \_\_\_\_\_  
Foreign Identification Type *(If no U.S. Identification)* \_\_\_\_\_  
I.D. # \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_  
Primary Phone \_\_\_\_\_ U.S. SSN # \_\_\_\_\_  
Foreign Identification Type *(If no U.S. Identification)* \_\_\_\_\_  
I.D. # \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_ DOB \_\_\_\_\_  
Primary Phone \_\_\_\_\_ U.S. SSN # \_\_\_\_\_  
Foreign Identification Type *(If no U.S. Identification)* \_\_\_\_\_  
I.D. # \_\_\_\_\_ Country of Issue \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Business Controller** All businesses, except Sole Proprietorships, Governments, and Publicly Traded Corporations, are required to provide this information for an individual with significant responsibility for managing or directing the business. This information is also required for Non-Profits.

Name (First, MI, Last) \_\_\_\_\_  
DOB \_\_\_\_\_ U.S. SSN # \_\_\_\_\_  
Foreign Identification Type *(If no U.S. Identification)* \_\_\_\_\_  
I.D. # \_\_\_\_\_ Country of Issue \_\_\_\_\_

Title \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**SUPPLIER USE ONLY** STD EXT RW NRW MID \_\_\_\_\_ First Order Amount: \$ \_\_\_\_\_

Required fields on page 2

**Authorized Purchasers (Optional)**

# of Authorized Purchasers: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Authorized Purchasers can be added and transaction limits can be customized at any time at ProTradeCredit.com.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Additional names are attached

**Parent Company (if applicable)**

Company's Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Public Filings**

Has the Applicant, or any principals involved in the company, ever filed for protection under bankruptcy laws? Yes  No

If yes, please explain: \_\_\_\_\_

**Bank References (include deposit accounts and loans/lines of credit, if applicable)**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trade References**

Vendor Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Vendor Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Vendor Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Vendor Name \_\_\_\_\_ Account # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**PERSONAL GUARANTY(IES)**

In consideration of our financing purchases under any Account established pursuant to this application, the undersigned guarantor(s) (each, a "Guarantor") agrees to unconditionally and irrevocably personally guaranty the payment of all amounts due under the Agreement upon demand without requiring us to proceed first against the Applicant or any other person or entity liable on the Account. Guarantor expressly agrees that we may change the terms of the Agreement, including raising rates, fees or credit limits, adding locations where the Account may be used, or if we assign the Agreement. Guarantor waives any notices regarding the Agreement or this guaranty and also waives all suretyship defenses.

Guarantor authorizes BlueTarp Financial to (a) utilize his/her personal credit by obtaining a personal credit report and/or making direct inquiries of businesses where Guarantor's accounts are maintained in considering this application and subsequently in connection with any Account; (b) periodically review and share information about the experiences or transactions with Guarantor with credit bureaus or other parties that may lawfully receive such information; and (c) in the event that this application is denied based upon information in a personal credit report of Guarantor, to report the reason for denial.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Signature (as an individual): \_\_\_\_\_

Signature (as an individual): \_\_\_\_\_

**REQUIRED AUTHORIZATION**

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct. In the event that BlueTarp Financial approves the requested credit, Applicant agrees to be bound by the Agreement provided to Applicant with this application. Applicant authorizes us to obtain credit information from credit reporting agencies, references, participating program merchants and any other lawful sources in considering this application and subsequently in connection with any Account. We may also periodically review and share information about the experiences or transactions with Applicant with credit bureaus or other parties that may lawfully receive such information. The undersigned individual ("Undersigned") attests that (i) Applicant is a duly organized and validly existing entity in good standing in its jurisdiction of formation; (ii) the execution of this application has been duly authorized by all necessary action of Applicant; and (iii) the Undersigned is authorized to execute this application on Applicant's behalf.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## BLUETARP FINANCIAL ACCOUNT AGREEMENT

The ProTrade Credit Account is issued by, and credit is extended by, BlueTarp Financial, Inc., One Monument Square, Suite 800, Portland, ME, 04101. Any references in this Agreement to "BlueTarp Financial" refer to BlueTarp Financial, Inc. or any third party designated by BlueTarp Financial, Inc. to act as issuer and/or servicer of the Account. BlueTarp is a trademark of BlueTarp Financial, Inc. In this Agreement, "we" and "us" refer to BlueTarp Financial. "You", "your", and "Applicant" refer to the business applicant identified in the commercial credit application. BlueTarp Financial is solely in the business of lending money to you to finance purchases you make from participating program merchants. BlueTarp Financial neither sells nor warrants goods or services obtained through such purchases.

If your application is approved, a commercial charge account ("Account") will be opened in the name of the Applicant. Your Account will be established for business, commercial or organizational purposes on behalf of your business. You agree that you will not use your Account (or allow your Account to be used) for personal, family or household purposes. You promise to pay all amounts owed under this Agreement, including any finance and late charges and any other charges that may be applicable from time to time. You agree to pay for all transactions made on your Account, whether or not such transactions were in fact authorized by you, were made for your benefit, or exceeded your credit limit. Your obligations under this Agreement are absolute and unconditional to the fullest extent permitted under applicable law.

A credit limit will be assigned to your Account, which credit limit we may raise, lower, or allow you to exceed, at any time, without advance notice to you. All unpaid purchases, whether billed or unbilled, will be considered in determining your available credit. We may at any time, without advance notice to you, limit or terminate the use of your Account or terminate or suspend your right to make future purchases. You may at any time on written notice to us terminate this Agreement with respect to future use of your Account. Regardless of any limitation, suspension or termination hereunder, you agree to pay the outstanding balance of the Account according to the terms of this Agreement, and all of our rights will continue in full force and effect until all of your obligations are fully satisfied, including payment of late payment fees and finance charges, which we will continue to impose until the date of full payment.

If your Account is established as a statement billed account, we will send you periodic billing statements reflecting all purchases and fees charged to the Account during the applicable billing period. Your statement billing cycle is closed on the 25th of each month. Statements are mailed and posted to your secure web account. Payment of the entire balance is due in full by the date indicated on your statement. If your Account is established as an invoice billed account, we will send you an invoice for each transaction. Payment of the transaction balance reflected in the invoice is due in full by the date indicated on your invoice. Your initial billing address is the address you specified in your application unless you notify us of a change in this information. Outstanding balances unpaid after the applicable due date will be considered delinquent and will be assessed a 1.5% finance charge and a \$29.00 late fee per billing period (or, if less, the maximum finance charge and late fee permitted under the law).

You may make payments in U.S. dollars by check or you may sign up to make payments by Electronic Funds Transfer ("EFT") from your designated bank account. EFT payments received before 4:00 p.m. ET will be credited to your Account the same day. EFT payments received after 4:00 p.m. ET will be credited to your Account the next day. Check payments will be credited to your Account promptly after receipt; however,

crediting may be delayed if payment is not received in a proper form (including if payment is not accompanied by the remittance portion of your Account Statement). If your bank should fail to honor payment to us, you agree to pay our insufficient funds/returned item fee of \$35.00 (or such lesser amount as is required by law). In addition, if your payment is dishonored, we may require immediate and full payment of all outstanding amounts.

To the extent permitted by applicable law, if we accept any late payment or partial payment (whether or not marked as payment in full), that acceptance will not: affect the due date of any other payment due under this Agreement, act as an extension of time or a waiver or satisfaction of any payment or amount then remaining unpaid, or modify any of our rights under this Agreement. Any conditional check, money order or any other instrument tendered with a restrictive endorsement or as full satisfaction of a disputed debt to us must be sent in writing to BlueTarp Financial, P.O. Box 17825, Portland, ME 04112 and must conspicuously state on the face of the instrument or in an accompanying letter that it is tendered for this purpose. If you make payment in any other way and we accept it, we will not have waived our right to collect any amount from you owing under this Agreement.

Subject to the limitations of applicable law, we may declare that you are in default under this Agreement if you (a) fail to make a payment when due under this Agreement; (b) violate any other term of this Agreement or provide any information that is incorrect, incomplete or misleading in connection with this Agreement; (c) change your business form or there is a change in control of your business; (d) dissolve or cease to do business; or (e) become the subject of bankruptcy or insolvency proceedings. If you are in default, we may exercise any or all rights and remedies available under law, equity or as provided herein, including, without limitation, requiring immediate and full payment of all outstanding amounts.

In the event that you breach or default under the terms of this Agreement, you will be liable to us for all costs and expenses we incur in enforcing our rights hereunder, including late charges and fees and reasonable attorney fees or other costs of collection. THIS AGREEMENT AND YOUR ACCOUNT ARE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF MAINE (WITHOUT REGARD TO INTERNAL PRINCIPLES OF CONFLICTS OF LAW). Any claim, suit or cause of action you institute against us arising out of or relating to this Agreement must be filed exclusively in the State or Federal Courts within the State of Maine. In the event of a default under this Agreement, we may institute suit against you either in the State or Federal Courts within the State of Maine or in the jurisdiction in which you are geographically located or conduct business. TO THE EXTENT PERMITTED BY APPLICABLE LAW, WE AND YOU WAIVE ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION HEREAFTER BROUGHT AND RELATED IN ANY WAY TO THIS AGREEMENT AND YOUR ACCOUNT, UNDER ANY THEORY OF LAW OR EQUITY. UNDER NO CIRCUMSTANCES SHALL WE BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT OR PUNITIVE DAMAGES for any claim arising out of or relating to this Agreement. For residents of the state of South Dakota, if you believe there are any improprieties in the making of this loan or in BlueTarp Financial's loan practices they may be referred to the South Dakota Division of Banking, 1601 N Harrison Avenue, Suite 1, Pierre, SD 57501 or you may call them at 605-773-3421.

This Agreement, together with any application you submitted in connection with the Account (which is hereby incorporated by reference in this Agreement), constitutes the entire agreement between you and us relating to your Account and supersedes any other prior or contemporaneous agreement between you and us and/or our predecessors relating to your Account. We may amend this Agreement, including to impose additional or different fees or to change the terms of your Account, by giving you 15 days advance notice thereof; provided, however, we may suspend or terminate your Account or change your credit limit without any notice to you (as described in more detail above). This Agreement may not otherwise be amended. We may sell, assign, or transfer all or any portion of your Account or any balances due under your Account without prior notice to you.

Return the completed and signed application to your supplier or you may send via  
Fax: 877-321-6699 or Mail: ProTrade Credit, PO Box 17825, Portland, ME 04112.