

PROFESSIONAL SUPPLY

Customer Account Setup & Credit Application

Please complete all required fields marked with an asterisk (*). Credit applicants should complete the credit request, trade references, acknowledgements, and authorized signature sections before returning this form securely.

Before You Begin	
Please type directly into each response field. If a question does not apply, enter N/A. Attach any required supporting documents, including tax-exempt certificates or additional shipping locations, when returning the completed application.	
Application Completed By Name *	Click or tap here to enter text.
Application Completed By Title *	Click or tap here to enter text.
Application Completed By Email *	Click or tap here to enter text.

1. Company Information

Company Name (Include DBA if applicable) *	Click or tap here to enter text.	
Legal Structure *	☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐ Other	
Legal Structure — Other Detail	Click or tap here to enter text.	
Billing Address - Street *	Click or tap here to enter text.	
Billing Address - City *	Click or tap here to enter text.	
Billing Address - State — please use state abbreviations (e.g. Wisconsin: WI, California: CA, Texas: TX) *	Click or tap here to enter text.	
Billing Address - Zip Code *	Click or tap here to enter text.	
Company Main/Primary Contact Name (First & Last) *	Click or tap here to enter text.	
Company Main/Primary Contact Email *	Click or tap here to enter text.	
Company Main/Primary Contact Phone *	Click or tap here to enter text.	
Company Secondary Contact Name (First & Last)	Click or tap here to enter text.	
Company Secondary Contact Email	Click or tap here to enter text.	
Company Secondary Contact Phone	Click or tap here to enter text.	
Company Website	Click or tap here to enter text.	
Years in Business *	Click or tap here to enter text.	
Market Group *	☐ Wholesaler/Redistributor ☐ Convenience Stores (Self Distributing) ☐ Grocery Stores (Self Distributing) ☐ Storage Facility ☐ School District	☐ Government/City/County ☐ Healthcare/Medical Offices/Assisted Living ☐ Daycare/Childcare ☐ Property Management (e.g. CBRE, Sabercor) ☐ Other
Market Group — Other Detail	Click or tap here to enter text.	
Listed with Dun & Bradstreet? Enter D&B # and credit rating in Other field if applicable *	☐ Yes ☐ No ☐ Other	
Dun & Bradstreet — Other Detail / D&B Number / Credit Rating	Click or tap here to enter text.	

2. Tax Information

Tax Exempt? *	☐ Yes ☐ No	If so, you must email a copy of your Tax-Exempt Certificate to Lisa Stephanie: lstephanie@cleaningstuff.com
Tax ID or EIN	Click or tap here to enter text.	
Resale Tax Number	Click or tap here to enter text.	
Tax-Exempt Certificate Attached/Sent?	☐ Yes ☐ No ☐ N/A	

3. Invoicing Information

Does your company have a central billing address/department? *	☐ Yes ☐ No
Accounts Payable Contact Name *	Click or tap here to enter text.
Accounts Payable Contact Email *	Click or tap here to enter text.
Accounts Payable Contact Phone *	Click or tap here to enter text.
Invoicing Preference — How do you want to receive your invoices? *	☐ Email (Preferred) ☐ US Mail (Sent to billing address above) ☐ Other
Invoicing Preference — Other Detail	Click or tap here to enter text.
Invoice Email Address (Please enter the email address where we should email your invoices) *	Click or tap here to enter text.

4. Shipping & Delivery Information

Is the primary shipping address the same as the billing address?	☐ Yes ☐ No
Additional shipping location list attached/sent?	☐ Yes ☐ No ☐ N/A
Number of Ship Locations *	Click or tap here to enter text.
Primary Shipping Address - Location Name *	Click or tap here to enter text.
Primary Shipping Address - Street *	Click or tap here to enter text.
Primary Shipping Address - City *	Click or tap here to enter text.
Primary Shipping Address - State *	Click or tap here to enter text.
Primary Shipping Address - Zip Code *	Click or tap here to enter text.
Primary Shipping Address - Receiving Contact Name (First & Last) *	Click or tap here to enter text.
Primary Shipping Address - Receiving Contact Email *	Click or tap here to enter text.
Primary Shipping Address - Receiving Contact Phone *	Click or tap here to enter text.
Does your company operate a Backhaul Program? *	☐ Yes ☐ No
Does your company require delivery appointments? *	☐ Yes ☐ No
Preferred carriers, if applicable	Click or tap here to enter text.
US region(s) where company has locations *	☐ West ☐ South ☐ Midwest ☐ Northeast ☐ Hawaii ☐ Alaska

5. Ordering Information

Estimated Monthly Purchases (\$) *	Click or tap here to enter text.	
Estimated Order Frequency *	☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Quarterly ☐ Monthly ☐ Other	
Orders/POs placed via *	☐ CSS Online Ordering (<i>Orders placed via your personal Pro Supply customer portal</i>)	☐ Email (<i>POs sent to orders@cleaningstuff.com</i>) ☐ Phone (<i>POs called in to 1-800-236-8675</i>) ☐ EDI (<i>POs transmitted via EDI</i>) ☐ Other
Estimated Order Frequency — Other Detail	Click or tap here to enter text.	
Orders/POs Placed Via — Other Detail	Click or tap here to enter text.	
PO Contact Name (First & Last) *	Click or tap here to enter text.	
PO Contact Title *	Click or tap here to enter text.	
PO Contact Email *	Click or tap here to enter text.	
Receive emailed order confirmations? *	☐ Yes ☐ No	
PO Contact Phone *	Click or tap here to enter text.	
Does your company require item set-up forms/new item forms? *	☐ Yes ☐ No	
Does your company require any of the following?	☐ Contract pricing ☐ Price notifications ☐ Other	
Contract Pricing / Price Notifications — Other Detail	Click or tap here to enter text.	

6. Credit Request

Credit Amount Requested (\$) *	Click or tap here to enter text.
Early Pay Discount? *	☐ Yes ☐ No ☐ Other
Early Pay Discount — Other Detail	Click or tap here to enter text.
Requested Payment Terms	☐ Net 30 ☐ Net 15 ☐ Credit Card Prepay ☐ Other
Requested Payment Terms — Other Detail	Click or tap here to enter text.
Requested Account Activation / Start Date	Click or tap to enter date.

7. Trade References

Trade Reference 1

Trade Reference 1 Company Name *	Click or tap here to enter text.
Trade Reference 1 Contact Name *	Click or tap here to enter text.
Trade Reference 1 Phone & Email *	Click or tap here to enter text.

Trade Reference 2

Trade Reference 2 Company Name *	Click or tap here to enter text.
Trade Reference 2 Contact Name *	Click or tap here to enter text.
Trade Reference 2 Phone & Email *	Click or tap here to enter text.

Trade Reference 3

Trade Reference 3 Company Name *	Click or tap here to enter text.
Trade Reference 3 Contact Name *	Click or tap here to enter text.
Trade Reference 3 Phone & Email *	Click or tap here to enter text.

8. Return Policy

Return Policy Effective Date: 6/1/2025

8.1 Return Eligibility

Customers may request a return within 180 calendar days of purchase under the following conditions: Items must be unused, unopened, and in original packaging. A valid proof of purchase (receipt or invoice) must be provided. Customized, personalized, or final-sale items are non-refundable. Legal Disclaimer: Returns will not be accepted for items that show excessive wear, misuse, or alterations. Professional Supply reserves the right to deny returns that do not meet eligibility requirements.

8.2 Return Process & Approval

No returns will be accepted without prior approval. Customers must contact their primary Professional Supply representative to begin the return approval process. To complete the Return Authorization Paperwork, customers will need to provide: Company Name; Company Address; Date of Purchase; Original Invoice Number(s); Part Number(s); Description(s); Requested Return Quantity; Reason for Return. If a product must be returned, a Professional Supply representative will determine the most cost-efficient and/or time-efficient process. Additional logistics requirements will be discussed after return approval. In some cases, product(s) may be returned via UPS, FedEx, or US Mail.

8.3 Refunds & Credit Processing

Product credit will be issued if the following conditions are met: Return is less than 180 days old (90 days for chemicals). Return Authorization has been issued. The product was invoiced and paid for (Original invoice number will be documented in the Credit Memo). Merchandise and/or packaging has not been opened or damaged. Restocking Fee: A 20% restocking fee applies to returns of specialty items (non-stock orders, matting, 55-gallon drums, etc.). Special-order items may not be returned. No open containers will be accepted unless the merchandise is defective. Credits for defective items may be subject to approval by the manufacturer.

8.4 General Legal Terms

The company reserves the right to update this return policy at any time. By purchasing from Professional Supply the customer agrees to abide by these return terms.

Return Policy Acknowledgement *

☐ I have reviewed and agree to the return policy above.

9. Credit & Payment Policy

Credit & Payment Policy Effective Date: 6/1/2025

Applicants authorize Professional Supply to verify trade references and creditworthiness. All customers must pay via credit card at the time of order until application is received, and payment terms are established. Professional Supply reserves the right to place any account on credit card prepay. Professional Supply will inform the customer once a credit decision has been made.

9.1 Payment Terms

Standard payment terms are as follows: Net 30 (excellent credit); Net 15 (good credit); Credit Card Prepay (fair-poor credit). Net 30: Payment is due 30 days from the receipt of the merchandise/invoice. Net 15: Payment is due

15 days from the receipt of the merchandise/invoice. Credit Card Prepay: Customers must pay for their order at the time of order, prior to shipment. The specific payment due date will be listed on your invoice.

9.2 Delinquent, Returned, or Non-Payment

Late payments will incur a monthly fee on outstanding balances or will be deducted from any pending rebates. Returned checks will incur a processing fee of 20%. In the event of non-payment, Professional Supply reserves the right to suspend further deliveries and seek collections.

9.3 Credit Amount

Professional Supply will determine the awarded credit amount based on customer request and credit check results. All orders are subject to availability. Large or specialty orders may require written commitment or prepayment. Disputes regarding billing or shipments must be reported within 30 days of invoice date. The applicant agrees to abide by all terms set forth in this credit policy agreement.

Credit & Payment Policy Acknowledgement *	☐ I have reviewed and agree to the credit and payment policy above.
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10. Authorized Signature

Authorized Signature * By typing my name below, I understand and agree that this typed name serves as my electronic signature, and I consent to being legally bound by the terms of this agreement. This typed name is the legal equivalent of my handwritten signature.

Authorized Signature *	Click or tap here to enter text.
Authorized Signer Title *	Click or tap here to enter text.
Date *	Click or tap to enter date.
Please list the PS Representative who sent you this form *	Click or tap here to enter text.

11. Secure Return Instructions

Please complete all required fields, save the document, and return it using the secure method provided by your Professional Supply representative. Do not include credit card numbers in this document.