



Customer Application

Please Email to sales@supplieside.com
For Any Questions, Please Call 800.284.7357

Date: _____

Account Status: New Existing (Acct #: _____ Date of Last Purchase: _____)

Organization is: Corporation LLC Partnership Proprietorship

Billing Information (Required)

Legal Name Of Company: _____

Db: _____

Street Address (No P.O. Boxes): _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Shipping information (If different from Billing)

Street Address: _____

City, State, Zip: _____

Credit Card Information (Optional)

Cardholder Title: _____

Cardholder Name: _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Cardholder Signature: _____

Applications may be sent via Email to sales@supplieside.com



CREATING SUPPLY CHAIN EXCELLENCE

32125 Solon Rd. ste. 200 Solon, Ohio 44139
Phone: 800-284-7357

Resale Certificate Document

State of _____

(Name of Purchaser)

(Address of Purchaser)

(State Tax I.D. #)

I Hereby Certify that I hold valid seller's permit No. _____
issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

That the tangible personal property described herein which I shall purchase from: Supply Side USA, Inc.,
32125 Solon Rd. Suite 200, Solon, Ohio 44139, will be resold by me in the form of personal property; pro-
vided, however, that in the event any such property is used for any purpose other than retention, demon-
stration, or display while holding it for sale in the regular course of business, it is understood that I am
required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such prop-
erty or other authorized amount. Description of property to be purchased:

Date: _____

Signature of Purchaser or Authorized Agent: _____

Please Print Name: _____

Title: _____