

TENCATE GEOSYNTHETICS NORTH AMERICA  
365 S. HOLLAND DRIVE  
PENDERGRASS, GA 30567  
PHONE: 706-693-2226 FAX: 706-693-1780

**REMITTANCE ADDRESS:**

TENCATE GEOSYNTHETICS NORTH AMERICA  
P.O. BOX 100288  
ATLANTA, GEORGIA 30384-0288

**GENERAL INFORMATION**

Date:

Legal Business Name:

DUNS #:

Billing Address:

City:

County:

State:

Zip Code:

Phone:

Fax:

Shipping Address:

City:

County:

State:

Zip Code:

Accounts Payable Contact:

Email Address:

Corporation:

Incorporated State of:

FEID #:

Officers:

Name:

Title:

Name:

Title:

Name:

Title:

Partnership:

Partners:

Name:

Address:

SS#:

Name:

Address:

SS#:

Proprietorship:

Owner:

SS#:

SIC #:

Nature of business:

Taxable?: Yes No (If no, Valid Certificate must be attached)

In Business Since: # of Employees: D & B Rating:

Monthly Statement Required?: Yes No P.O. # Required?: Yes No

Have you done business with Nicolon Corporation Before?: Yes No If Yes, specify:

Have you been in business before?: Yes No If Yes, specify:

Have you ever filed bankruptcy?: Yes No If Yes, specify:

**Order Acknowledgments and Invoices:** Invoices will be provided via email or facsimile transmission. Order acknowledgments and invoices may be transmitted to multiple locations. Please provide detailed instructions specifying the document type and specific email addresses/fax numbers for each document type:

Order Acknowledgments: \_\_\_\_\_

Invoices: \_\_\_\_\_

**TRADE REFERENCES:**

Creditor Name	Account #	Phone #	Fax #	Email Address:
1.				
2.				
3.				

**BANK REFERENCE(S):** *(List Name, Full Address, Account Number and Phone Number)*

(1) Bank Name:		Address:		
Contact Name:	Phone:	Fax:	Email:	
Checking?:	Yes	No	Account Number:	
Line of Credit?:	Yes	No	Account Number:	
(2) Bank Name:		Address:		
Contact Name:	Phone:	Fax:	Email:	
Checking?:	Yes	No	Account Number:	
Line of Credit?:	Yes	No	Account Number:	

**TERMS & CONDITIONS**

The undersigned hereby represents that all of the above information is true, and makes said representations for the purpose of obtaining credit from Nicolon Corporation/dba TenCate™ Geosynthetics North America.

The applicant agrees to pay for all purchases according to terms stated on Sellers invoice, and for failure to do so agrees to pay all costs of collection, including reasonable attorney's fees and/or collection agency fees, together with interest on any unpaid balance at the greater of the simple interest rate of 1 ½% per month (18% per annum) or the maximum rate allowed by law.

By signing below, the applicant and guarantor (if any) authorize the release of all information needed to check credit history and banking information, including but not limited to obtaining business and consumer credit reports on the undersigned applicant and guarantor in order to further evaluate their credit worthiness as a principal, proprietor or guarantor in connection with the extension of business credit contemplated hereby. The undersigned further authorize you to obtain additional business and consumer (as applicable) credit reports on the undersigned from time to time in connection with the extension or continuation of such credit. Any individual applicant or guarantor signing below hereby knowingly consents to the use of such report in any manner consistent with the Fair Credit Reporting Act as contained in 15 U.S.C. § 1681, et seq. The undersigned applicant and guarantor agree to hold you harmless from any and all losses and damages related to information herein solicited or disseminated by you.

Date: \_\_\_\_\_ Applicant (Company) Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ By: \_\_\_\_\_  
Owner, Partner or President  
Witness: \_\_\_\_\_ Your Name (Please Print): \_\_\_\_\_  
Title: \_\_\_\_\_

**Guaranty:**

In consideration of credit being extended by Nicolon Corporation/dba TenCate™ Geosynthetics North America, I/we certify that all of the information above is true, consent to the Terms & Conditions set forth above, and unconditionally guarantee to you the full and prompt payment and performance when due of all applicant's obligations to you. Time is of the essence hereof. I/we acknowledge that this application and guaranty is not effective until accepted by you in Georgia and that this guaranty will be construed, interpreted and enforced in accordance with the laws of the State of Georgia, without reference to its conflicts of law principles.

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Individually)  
Your Name: (Please Print): \_\_\_\_\_  
Witness: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Individually)  
Your Name: (Please Print): \_\_\_\_\_

**Uniform Sales & Use Tax Certificate**  
Multijurisdictional

Issued to Seller: NICOLON CORPORATION dba TenCate  
Geosynthetics North America  
365 SOUTH HOLLAND DRIVE  
PENDERGRASS, GEORGIA 30567

I certify that: \_\_\_\_\_ is engaged as a registered: (select below)

Address: \_\_\_\_\_  
 \_\_\_\_\_

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 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 products to be purchased from the seller: \_\_\_\_\_

State	State Registration or ID No.	State	State Registration or ID No.
AL	_____	NV	_____
AR	_____	NM	_____
CO	_____	ND	_____
DC	_____	OK	_____
GA	_____	RI	_____
ID	_____	SC	_____
IL	_____	SD	_____
IA	_____	TN	_____
KS	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____
MO	_____	WY	_____
NE	_____		

I further certify that if any property 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 cancelled 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: \_\_\_\_\_

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

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Description of Business \_\_\_\_\_

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State	State Registration or ID No.	State	State Registration or ID No.
AZ	_____	MS	_____
CA	_____	NJ	_____
CT	_____	NY	_____
FL	_____	NC	_____
IN	_____	OH	_____
LA	_____	PA	_____
KY	_____	VA	_____
MA	_____	WV	_____

**PLEASE ATTACH THE CERTIFICATE SPECIFIC TO EACH STATE WHICH IS APPLICABLE TO YOUR BUSINESS**

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