



10 Exchange Place, 25th Floor, Jersey City, NJ 07302

Business Account Application

To apply for a Business Account with Quidsi Retail LLC, please fill in this application and email to BusinessAccounts@quidsi.com or fax to 1-888-466-1158.

If approved, this Business Account will be governed by the Business Account Terms and Conditions, available at <https://www.diapers.com/helpcenter/business-accounts>.

1. Business Information

| | | | |
|--|--|--------------|------------------|
| Full Legal Name/Business Entity: | | Phone #: | |
| Doing Business As (DBA): | | | |
| Billing Address: | City: | State: | ZIP: |
| Company Type: <input type="checkbox"/> Head Start <input type="checkbox"/> Community Action <input type="checkbox"/> Child Care <input type="checkbox"/> Medical Svcs <input type="checkbox"/> Other: _____ (specify) | | | |
| Shipping Address (if different): | | City: | State: ZIP: |
| Federal Tax ID: | State of Registration: | DUNS Number: | |
| Current Credit Limit \$10,000 | Payment Method: <input type="checkbox"/> ACH <input type="checkbox"/> Check | | |

2. Contact Information

Account Payable Contact

| | |
|----------------|-----------------|
| Full Name: | Title: |
| Email Address: | Phone # (ext.): |

Receiving Contact

| | |
|----------------|-----------------|
| Full Name: | Title: |
| Email Address: | Phone # (ext.): |

Authorized User(s)

Only the following "Authorized Users" will be able to place orders on this account. This list may be updated from time to time as necessary by emailing Quidsi at BusinessAccounts@quidsi.com

| | |
|----------------|-----------------|
| Full Name: | Title: |
| Email Address: | Phone # (ext.): |

| | |
|----------------|-----------------|
| Full Name: | Title: |
| Email Address: | Phone # (ext.): |

3. Bank and Trade References

Bank Reference

| | | |
|----------------|--|--------------------|
| Bank Name: | Account Number: | Contact: |
| Address: | City: | State: ZIP: Phone: |
| Email Address: | Number of years doing business with the Company: | |

Trade Credit References (Please provide at least three)

| | |
|----------------|--|
| Name: | Contact: |
| Address: | City: State: ZIP: Phone: |
| Email Address: | Number of years doing business with the Company: |

| | |
|----------------|--|
| Name: | Contact: |
| Address: | City: State: ZIP: Phone: |
| Email Address: | Number of years doing business with the Company: |

| | |
|----------------|--|
| Name: | Contact: |
| Address: | City: State: ZIP: Phone: |
| Email Address: | Number of years doing business with the Company: |

4. Authorization and Signature

By signing this Business Account Application, you, on behalf of yourself and the entity that you represent:

1. Authorize the above Bank and Trade references to release any appropriate business information; and
2. Represent and warrant that (a) all information in this Application is complete and accurate; (b) you have read and agree to be bound by the Business Account Terms and Conditions (the "Agreement," which is available at <https://www.diapers.com/helpcenter/business-accounts>, including all terms and conditions incorporated by reference; and (c) you are expressly authorized to bind the Company to this Application and to the Agreement.

Signature: _____

Name: _____

Title: _____

Company: _____

Date: _____