

# JanSan

— Manufacturing Co. —

JanSan Manufacturing Co.

PO Box 14065  
Merrillville, IN 46411  
Ph: 866-350-7160  
Fax: 866-350-7160  
www.JanSanMFG.com

Cleaning Supply Distributor / HVAC Distributor:

We at JanSan Manufacturing Co. would like to introduce ourselves to your company. JanSan Manufacturing Co. is a leading manufacturer and wholesaler to the cleaning industry. JanSan Manufacturing Co. **only** sells to Cleaning Supply and HVAC Distributors.

Our company offers Distributors the highest quality products at great prices, so you can make your margins and be competitive in the marketplace. We know you have the ability to purchase items from multiple sources, this is why JanSan Manufacturing Co. not only has great pricing, but also offers:

**Low Volume Purchasing:** With only a \$50.00 minimum purchase amount, you don't have to buy huge volumes and stock your warehouses full.

**Drop Shipping:** We offer drop shipping right to your customer's location. This allows you the opportunity to let JanSan Manufacturing Co. stock the items you don't move too quickly and free up your cash flows.

**Buy Back Policy:** JanSan Manufacturing Co. offers a 6 month buy back policy. This policy guarantees that your risk is low on any items you would like to stock. If you are not moving the product, you can have JanSan Manufacturing Co. buy the products back.

**Private Labeling:** JanSan Manufacturing Co. offers an extensive private label program. JanSan offers many products & equipment that can be private labeled to offer your own company brand. The best part is that you do not have to order large quantities of items to private label. Chemicals, equipment, and tools can all be private labeled. See our website for additional details and products that can be private labeled.

**Exclusive Items:** JanSan Manufacturing Co. offers our Distributors items not found anywhere else. Our *SpinDuct Professional Air Duct Cleaning System* is manufactured by JanSan Manufacturing Co. right here in the USA. This system can only be sold by our approved distributor base. This exclusive cleaning system alone will provide your company with huge selling benefits!

JanSan Manufacturing Co.'s owners & investors have over 80 years of combined cleaning industry experience that allows us partner with your company in offering value added products and services to help grow your local and national markets.

**Become a Distributor:** Enclosed, you will find the necessary paperwork to become a distributor of JanSan Manufacturing Co. Just send in the completed paperwork and upon approval, you will be a distributor of JanSan Manufacturing Co.

We look forward to working with your company and offering products that can help you increase sales & profits.

Sincerely,

JanSan Manufacturing Co. Sales Team



## NEW DISTRIBUTOR REGISTRATION PACKET

Thank you for your interest in becoming a new Distributor of JanSan Manufacturing Co. In order to become a distributor, you must complete the attached forms. Upon approval, we will notify you of your new Distributorship where you can place your initial order.

Please complete the following forms:

- 1) **New Distributor Application** (Make sure to include a copy of your Retail Merchant Certificate)
- 2) **Form ST-105** Indiana Dept of Revenue General Sales Tax Exemption Certificate
- 3) **JanSan Policies** (Do not need to complete, just read)
- 4) **JanSan Credit Application Form** (optional – If you want to open a Net 30 account. Otherwise, you can place orders with a credit card).

Please mail, email, or fax the completed forms back to us for approval.

**Mailing Address:**

**JanSan Manufacturing Co.**  
Attn: New Dist. Registration  
Po Box 14065  
Merrillville, IN 46411

**Email:**

[sales@jansanmfg.com](mailto:sales@jansanmfg.com)

**Fax:**

866-350-7160

**Company Information**

Company Name: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(order confirmations will be faxed to this number)

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Website: \_\_\_\_\_

Federal Identification Number (EIN): \_\_\_\_\_

How Many Years in Business: \_\_\_\_\_

Business Entity Type:  Corp  LLC  Sole Prop  Partnership \_\_\_\_\_ (other)

How Many Locations: \_\_\_\_\_

If other locations, which locations will also be under this corporate account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proof of Company Resale**

JanSan Manufacturing Co. only sells to Cleaning Supply Distributors. *Please attach a copy of your Retail Merchant Certificate.* Also complete the attached **Form ST-105.**

**Contact Information**

Owner / Corporate Officer (1): \_\_\_\_\_

Home Address, City, ST, Zip: \_\_\_\_\_

Owner / Corporate Officer (2): \_\_\_\_\_

Home Address, City, ST, Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sales VP/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing VP/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable VP/Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Distributor Agreement**

The purpose of this application is to become a distributor of JanSan Manufacturing Co. I have read and agree to all the policies, terms, and conditions of JanSan Manufacturing Co. By continuing to market, distribute, or sell JanSan Manufacturing Co.'s products, I continue to agree to these policies, terms, and conditions. I also agree to be personally responsible for any debts owed to JanSan Manufacturing Co. I agree to pay any fees, interest, legal, court, and collections costs that could be realized, if JanSan Manufacturing Co. must put late accounts into collections.

Company Name: \_\_\_\_\_

Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

Owner/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.\*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
\*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

**Form ST-105**  
**General Information and Instructions**

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

**Note:** The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.

# **JanSan** **Policies**

**— Manufacturing Co. —**

Rev. 04/20/2011

Doc # 98-13001

## **General Distributor Policy**

Distributors of JanSan Manufacturing Co.'s products will represent JanSan Manufacturing Co. in a positive fashion and promote the integrity and goodwill of JanSan Manufacturing Co.'s name.

Distributorship of JanSan Manufacturing Co. and its products may be discontinued at any time and for any reason.

Any policies, terms, and conditions may be added to, changed, or removed by JanSan Manufacturing Co. at any time without notice.

## **Return Policy**

JanSan Manufacturing Co. provides a 30 Day Return Policy on all new, stock products offered. A distributor may return any product by following these guidelines:

- 1) Call JanSan Manufacturing Co. for a Return Authorization Number (RA #).
- 2) Return item(s) within 30 Days of purchase date.
- 3) Item(s) must be in New condition without damage or abuse.

## **Buy Back Policy**

JanSan Manufacturing offers a 6 Month Buy Back Policy to current distributors in good standing. This policy allows JanSan Manufacturing Co.'s Distributors to reduce the risk of carrying larger inventories without the worry of selling stock product. In order to return items for "Buy Back," the distributor must follow these guidelines:

- 1) Call JanSan Manufacturing for a Return Authorization Number (RA #).
- 2) Complete "Buy Back Inventory Sheet"
- 3) Return item(s) within the 6 month timeframe from last purchase of the particular item(s) being returned.
- 4) Returned item(s) must be current stock items offered by JanSan Manufacturing Co. and must be current models and revisions offered.
- 5) Returned item(s) must be in NEW condition, in original packaging, and pass inspection.
- 6) Distributor will be credited the lowest price paid for the item(s) within the last 6 month time period.

## **Loss & Damage**

The carrier who delivers the merchandise is responsible for loss & damage. Acceptance of the shipment from the carrier is an acknowledgement that the articles delivered were in good condition and properly packed. If damage or loss, please notify the carrier at time of delivery, so the claim process may be started. Notify JanSan Manufacturing Co. immediately about the damage and/or loss.

## **Shortages**

JanSan Manufacturing Co. may supply packing slips and/or invoices to help the distributor confirm proper items in the shipment. It is the distributor's responsibility to confirm that all items have been delivered complete in each shipment. If a shortage is found, the distributor must contact JanSan Manufacturing Co. within 1 business day of delivery.

## **Warranty**

JanSan Manufacturing may offer warranties on some items. For warranty information, please see the product manual. Distributors are expected to service the products they represent and sell. Distributors are also expected to use approved replacement parts when servicing any warranted JanSan Manufacturing Co.'s products. The distributor must follow these guidelines in order to qualify for warranty credit:

- 1) Call JanSan Manufacturing Co. for a Return Authorization Number (RA #).
- 2) Complete "Warranty Claim Form."
- 3) Return defective part(s) or product(s) to JanSan Manufacturing Co. within the warranty timeframe for warranty inspection
- 4) Upon approval, JanSan Manufacturing Co. will credit the distributor the amount paid for replacement item(s).

## **Advertising Policy**

The distributor may use JanSan Manufacturing Co.'s marketing materials (including: pictures, text, videos, drawings, and brochures) for the purpose of promoting and selling products purchased from JanSan Manufacturing Co. Although descriptions are believed to be correct at time of publication, information, specifications, and pricing are subject to change without notice. The distributor recognizes that JanSan Manufacturing Co. owns these intellectual rights and the distributor may not modify or misuse these materials. The distributor will maintain the integrity and goodwill associated with the JanSan Manufacturing Co. name.



### **Minimum Advertised Pricing (MAP) Policy**

In order to keep JanSan Manufacturing Co.'s products from becoming a commodity in the industry and providing fair competition, JanSan Manufacturing Co. may implement a Minimum Advertised Pricing Policy, known as "MAP." Distributors are required to advertise pricing no lower than the MAP of a particular item, unless there is a JanSan Manufacturing Co. approved "Special Pricing." If an item has a MAP, it will be listed in the current "JanSan Manufacturing Co. Distributor Price List." If a distributor finds another distributor listing a JanSan Manufacturing Co. Brand item at a price lower than the MAP or current "Special Pricing", it is expected that the distributor will let JanSan Manufacturing Co. know about this infraction immediately. Knowingly advertising JanSan Manufacturing Co. Brand items lower than the MAP may be cause for ending the distributor relationship.


### **Minimum Order Policy**

There is a \$50.00 minimum order policy. A \$5.00 surcharge will be added to order subtotals below \$50.00.

### **Drop Ship Policy**

JanSan Manufacturing Co. will drop ship orders upon request. There is a \$5.00 drop ship charge for UPS shipped orders. There is a \$15.00 drop ship charge for freight shipped orders.

### **Private Label Policy**

JanSan Manufacturing Co. offers private labeling on many of the products we sell. Look for the  symbol throughout our catalog and/or website. If an item has this symbol, the item may be private labeled. The item comes standard with a JanSan Manufacturing Co. name and label. However, it can also be ordered without the JanSan Manufacturing Co. label, and we will even label the product with your own company information! JanSan Manufacturing Co. offers this service at NO EXTRA CHARGE.

To order a private label item, you must: Via the website, mark the checkbox "*Check if Private Label Item*" on the item before you add it to your cart. Via faxed PO or phone, just put a "-P" at the end of the item number you are ordering.

Please Note: When you order "Private Label" items, we will need to have private label information on file for each private label product you order. For non-chemical private label items, please complete the "Non-Chemical Private Label Item Information" form. For chemical private label items, please complete the "Chemical Private Label Item Information" form. If we do not have information on file for your private label product, we will contact you before we fulfill the order.

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## Credit Application Form

Rev. 08/12

The purpose of this form is to open a Net 30 account with JanSan Manufacturing Co. If approved, your company will be on Net 30 payment terms.

Please Note: Please complete this entire form. An incomplete form may not be processed. Please initial pg 1 and sign pg 2.

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### 1) Please Print or Type

Company Name: \_\_\_\_\_

Dba Name (if applicable): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

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

Estimated Monthly Purchases with JanSan Manufacturing Co.: \$\_\_\_\_\_

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### 2) Legal Entity (Please Check One)

Partnership     Individual Proprietor     Corporation     Other

Years in Business: \_\_\_\_\_

If in business less than one year, please complete the following:

Name of Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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Please Initial: \_\_\_\_\_

**3) Proprietor, Partners, or Officers:**

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

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**4)** All purchases become due and payable thirty (30) days from the invoice date, or on specific terms designated on the invoice. Any invoice not paid within the terms will be considered "Past Due." Customers with invoices 15 days Past Due will not receive shipments until balance has been paid in full. Interest will be charged at a 1.5% per month or highest legal interest rate on overdue amount.

The undersigned personally guarantees all obligations to JanSan Manufacturing Co. extended as a result of this Credit Application Form for payments, and it is hereby specially agreed that if such account is placed in the hands of an attorney for collection or is collected by suit, or through probate proceedings, the undersigned (section 6) guarantees to pay the principal and interest then due, plus reasonable attorney's fees together with all court costs.

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**5) Trade References:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address, City, ST, Zip: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Vendors (Only give names of those with whom you have an open account with.) Two names required.

1) Vendor Name: \_\_\_\_\_ 2) Vendor Name: \_\_\_\_\_

Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

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

City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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**6) Agreement:**

The information and statements in all the sections (1 through 5) of this Credit Application Form are true and complete, and are made to establish an open account line of credit with JanSan Manufacturing Co. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements in this Credit Application Form. I also have read understood and agree with section 4 of this form fully. I (We) agree to pay all invoices in accordance with the terms so stated on such invoices. I (We) also understand that an incomplete, modified, or altered Credit Application Form may not be processed.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If incorporated, or partnership, we require a minimum of two signatures of officers or partners.