



Application for Credit

748 Epperson Drive, City of Industry, CA 91748 Tel:626.965.8686 Fax: 626.965.8797

Name of Company	Credit Line Requested	Date
Phone #	Fax #	

Company Web-site

BILLING ADDRESS		SHIPPING ADDRESS	
Street		Street	
City	County	City	County
State	Zip	State	Zip
Nature of Business	Yrs. in Business	___ CORPORATION ___ PARTNERSHIP	Fed Tax ID #

***** California Customer Must Complete California Resale Certificate form BOE -230 on Page 2 *****

Full Name of Officers, Owners, or Partners			
Name	Position / Title	Social Security #	Email
1			
2			

Full Name of Buyer / Purchasing			
Name	Position / Title	Phone# & Ext	Email
1			
2			

Full Name of Accounts Payable			
Name	Position / Title	Phone# & Ext	Email
1			
2			

IF OPERATING AS CORPORATION , Date of Incorporation:			State of Incorporation
Are you list with Dun & Bradstreet?	DUNS #	Sic Code.	Are you use purchase orders? ___ yes ___ no

4 BUSINESS REFERENCES			
Name	Acct. #	Name	Acct. #
Address		Address	
City	State Zip	City	State Zip
Phone	Contact Name	Phone	Contact Name
Fax	Email	Fax	Email
Term:	Credit Limit:	Term:	Credit Limit:
Name	Acct. #	Name	Acct. #
Address		Address	
City	State Zip	City	State Zip
Phone	Contact Name	Phone	Contact Name
Fax	Email	Fax	Email
Term:	Credit Limit:	Term:	Credit Limit:

BANK REFERENCE		
Name	Address	
City	State Zip	Contact Name
Type of Account	Account No.	
Contact Name:	Tel:	Fax:

INCOMPLETE INFORMATION COULD RESULT IN DELAY IN PROCESSING THE ACCOUNT

FIRM NAME

SIGNATURE	TITLE	DATE
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(PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL STATEMENT)

All transactions are governed and construed in accordance with the laws of the state of California. Purchaser agrees that competent courts in the state of California shall have the exclusive jurisdiction over any legal action with respect to this contract. In the event of any dispute related to this contract, the prevailing party shall be entitled to reasonable attorneys' fee and costs.

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2–4)

Other (Specify) _____

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, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹		MO ¹⁶	
AR		NE ¹⁶	
AZ ²		NV	
CA ³		NJ	
CO ⁴		NM ^{4,17}	
CT ⁵		NC ¹⁸	
FL ⁶		ND	
GA ⁷		OH ¹⁹	
HI ^{4,8}		OK ²⁰	
ID		PA ²¹	
IL ^{4,9}		RI ²²	
IA		SC	
KS		SD ²³	
KY ¹⁰		TN	
ME ¹¹		TX ²⁴	
MD ¹²		UT	
MI ¹³		VT	
MN ¹⁴		WA ²⁵	
		WI ²⁶	

I further certify that if any property or service so purchased tax free is used or consumed 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 that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee 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: _____

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____



BANK REFERENCE FORM

****Customer: Please complete the upper portion with authorized signature and return with your credit application****

Bank Name _____	Phone Number _____
Street Address _____	Fax Number _____
City, State, Zip Code _____	Contact Name _____
Account No. _____	Email Address _____
Customer Name _____	Street Address _____
Phone Number _____	City, State, Zip Code _____

Private Label PC is considering/reviewing the extension of credit. By signing below, we, as Customer, hereby request and authorize the completion of this form by the Bank. The completed form should be returned directly to Private Label PC.

_____ ****Customer Authorized Signature****

To Be Completed by the Bank

DEPOSIT ACCOUNTS

Type Of Account (Checking, Savings, Other)	Date Opened	Average Balance (Past 12 Months)	Current Balance	Non-Sufficient Fund (NSF) Activity (Yes/No) If Yes, How Often In The Past 12 Months

CREDIT/LOAN ACCOUNTS

Type Of Account (Operating Line Of Credit, Term Loan, Other)	Date Opened	Maturity/ Renewal Date	Original Loan Amount Or	Current Outstanding Balance	Payment Frequency & Amount

Have the above accounts been handled as agreed? Yes No If no, please explain:

What is your opinion of the contractor's character, ability and financial responsibility?

_____ ****Bank Contact Signature****

_____ Name & Title:

_____ Date: