



Residential | Commercial | Wholesale | Uninstalled

CREDIT APPLICATION



Credit Application

Legal Business Name:		DBA:			
Address:					
		Cell #:			
Email:	Website:				
Federal Tax ID #:	Social	Security #:			
Resale Certificate or Seller's Permit #:		Driver's License #:			
	Type of Business:				
Sole Proprietorship Partnership	🗆 Corporati	on 🗆 Subsidiary 🔲 LLC			
Officer's or Partner's Name:		Title:			
Officer's or Partner's Name:					
		Title:			
		Fax:			
Checking Acct #:	Savings Acct #:				
Preferred Terms: COD Credit Amount D	Desired: \$	Estimated Monthly Purchases: \$			

Authorization for Bank and Credit Services Release Information

I authorize the release of my credit information to a service agency for the purpose of establishing an account with Classic Home Improvement Products DBA Classic Improvement Products.

By signing the Credit Application, I (We) ask that an account be opened for Myself/Company. In the event that an account is opened for Myself/Company, I (We) agree to the following Terms and Conditions:

- 1. If the account becomes delinquent, Classic Improvement Products reserves the right to accelerate and demand payment in full, together with any accrued interest, late charges, and any collection costs.
- In the event of default, the undersigned officer(s) agree to be jointly and severally liable for all amounts due therein, and I (We) agree to pay all reasonable attorney fees and costs incurred by Classic Improvement Products to collect all amounts due.
- 3. For our dealers not located in California, please note: you are responsible for all applicable sales tax, exemptions and filings within your own state. Paying tax at the source is not an option.

Signature (Authorized Agent Only)

Title

Date



Credit References

References 1:

Company Name:	Contact:		Account:		
Phone:		Fax:			
Address:Street			City/State	Zip Code	
References 2:					
Company Name:	Contact:		Account:		
Phone:		Fax:			
Address: Street			City/State	Zip Code	
References 3:					
Company Name:	Contact:		Account:		
Phone:		Fax:			
Address:			City/State	Zip Code	
References 4:					
Company Name:	Contact:		Account:		
Phone:		_ Fax:			
Address:Street			City/State	Zip Code	
Signature		Title		Date	



California Resale Certificate

I Herby Certify:

- 1. I hold valid seller's permit number:
- 2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from

(Vendor's Name)

of the items(s)

I have listed in paragraph 5 below.

- 4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand d that if I use the item(s) purchased under the certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.
- 5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code Section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500 whichever is more.

Name of Purchaser

Signature of Purchaser, Purchaser's Employee or Authorized Representative

Printed Name of Person Signing

Title

Address of Purchaser

Telephone Number