



TEL:(323)721-5678 / FAX:(323)721-5679

CREDIT APPLICATION

Your Business Information

Corporate Name		DBA	
Billing Address			
City	State	Zip	
Phone	Fax	Yrs in Business	
Federal ID #	Seller's Permit #	D&B Number	

If Branch or Subsidiary, please complete.

Parent Business	Phone	Fax	
Street Address	State	Zip	

Bank Reference:

Name of Bank	Branch	Account #	
Address			
City	State	Zip	
Phone #	Contact:		

Trade References:

Company Name:	Phone	Fax	
Account #	Contact	Credit Line	\$
Address			
City	State	Zip	

Company Name:	Phone	Fax	
Account #	Contact	Credit Line	\$
Address			
City	State	Zip	

Company Name:		Phone		Fax	
Account #:		Contact		Credit Line	\$
Address					
City		State		Zip	

Ship to Address Information

Business Name	
Ship to address #1:	
City/State/Zip	
Business Name	
Ship to address #2:	
City/State/Zip	
Business Name	
Ship to address #3:	
City/State/Zip	
Business Name	
Ship to address #4:	
City/State/Zip	
Business Name	
Ship to address #5:	
City/State/Zip	

Proprietary Information: (Please Check One) Incorporated Sole Ownership Partnership

Owners or Officers	
Title	President / Owner
Name	
Social Security #	
Driver's License #	
Street Address	
City, State, Zip	
Home Phone #	

Title	
Name	
Social Security #	
Driver's License #	
Street Address	
City, State, Zip	
Home Phone #	

Title	
Name	
Social Security #	
Driver's License #	
Street Address	
City, State, Zip	
Home Phone #	

*** We are requesting a credit line of \$ _____.

*** Terms are Net 30 days - Accounts on Hold if not paid within 40 days of receipt of invoices.

To support this application for credit, a current financial statements is attached dated. _____

Personal Guarantee (For signature by owners of Corporate Applicant)

The undersigned, being owners of the applicant, as an inducement for Buffalo Photo Imaging to accept applicant as a member (Dealer), hereby, personally guarantee payment of any and all amount that may in future at any time be owing from applicant to Buffalo Photo Imaging. The undersigned further waive any defense arising out of modification of the terms of the membership (Dealership), waive any defense based on delay in enforcement of rights against the applicant, and waive prior suit against the applicant.

The undersigned has read, understands and agrees to the terms and conditions set forth on the policy side of this application. We (I) hereby request that we be added to the select group of Buffalo Photo Imaging. We (I) further acknowledge that we have paid no fee for appointment as a member and will be primarily responsible for design and implementation of our own marketing program.

Signature of Officer or Owner _____ Date _____

Signature of Officer or Owner _____ Date _____

Signature of Officer or Owner _____ Date _____

Application Accepted _____ Date _____

UNIFORM SALES & USE TAX CERTIFICATE¾ MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2 - 4. The issuer and the recipient have the responsibility of determining 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 Buyer: _____

Address _____

is engaged as a registered

Wholesaler _____

Retailer _____

Manufacturer _____

Seller (California) _____

Lessor _____

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, ingredients or components of a new product or service¹ 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 tangible property or taxable services to be purchased from the seller: _____

State - State Registration, Seller's Permit, or ID Number of Purchaser

AK No state sales tax _____

AL2 _____

AR _____

AZ22 _____

CA3 _____

CO1 _____

CT4 _____

DC5 _____

DE No state sales tax _____

FL 23 _____

***Signed FL 2004 Annual Resale

Certificate Must be attached***

GA6 _____

HI1,7 _____

IA _____

ID _____

IL1,8 _____

IN State Form ST-105 required

KS _____

KY24 _____

LA _____

MA State Form ST-4 required _____

MD10 _____

ME9 _____

MI11 _____

MN12 _____

MO13 _____

MS _____

MT No state sales tax _____

NC25 _____

ND _____

NE14 _____

NH No state sales tax _____

NM1,15 _____

NV _____

NJ _____

NY State Form ST-120 required

OH26 _____

OK16 _____

OR No state sales tax _____

PA27 _____

RI17 _____

SC _____

SD18 _____

TN _____

TX19 _____

UT _____

VA State Form ST-10 required

VT _____

WA20 _____

WI21 _____

WV _____

WY State Form ETS101 required

I further certify that if any property or service 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 canceled 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: _____ Authorized Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____