



CREDIT APPLICATION

Dear Prospective Customers:

In order to open an account with Tile Tech Pavers, we ask that you please complete the enclosed Credit Application, Account Verification Authorization, and Resale Certificate Form (if applicable). You can fill out the application online using adobe acrobat reader by selecting the hand tool and placing it in the appropriate fields. If you wish, you can attach any additional credit information to our form. Incomplete forms may cause a delay in getting your account opened, thus delaying shipment of any orders placed. You can fax back or email your completed application to Fax (213) 380-5561 or sales@paversetc.com. If you have any further questions please contact us at Tel (213) 380-5560.

We thank you for your cooperation.

Sincerely,

Credit Department



Date _____

CREDIT APPLICATION

For purpose of obtaining merchandise or service from you on credit, the following statement in writing is made, intending that you should rely on same as correct.

1. COMPANY IDENTIFICATION :

_____ Corporation	Partnership	Others	_____	_____
Complete operating name of Applicant			Date Established	State
_____	_____	_____	_____	_____
Full business street address of Applicant	City	State	Zip	
_____	_____	_____	_____	
Mailing Address, if different from street address	City	State	Zip	
_____	_____	_____	_____	
President/Manager Contact _____	Phone _____	Fax _____		
Accounts Payable Contact _____	Phone _____	Fax _____		
Tax Payer Identification # _____	Taxable _____	Tax Exempt : Please provide resale card in order for us to sell you any merchandise on a tax exempt basis. We must have a fully filled out resale card as per state regulations.		
Do you always issue purchase orders? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type of Business _____	Credit Limit Requested _____			

2. NAME OF PRINCIPALS :

A. Full Name and Title _____ Social Security # _____

B. Full Name and Title _____ Social Security # _____

C. Full Name and Title _____ Social Security # _____

3. TRADE REFERENCES : Give only names of those you buy from on open account.

A. Company Name _____ Phone _____ Fax _____

Address _____ Contact _____

B. Company Name _____ Phone _____ Fax _____

Address _____ Contact _____

C. Company Name _____ Phone _____ Fax _____

Address _____ Contact _____

4. BANK REFERENCES :

A. Bank _____ Acct.# _____ Fax _____ Fax _____

Address _____ Contact _____

B. Bank _____ Acct.# _____ Fax _____ Fax _____

Address _____ Contact _____

5. CREDIT TERMS :

No finance charge is added if your account is paid according to terms. However, total past due balance is subject to FINANCE CHARGE of 3% per month (36% annually) if any amount remains unpaid. We or I hereby agree to the terms, conditions, service charges imposed, and in case of default in payment, action instituted, it is agreed that We or I promise to pay the sum of reasonable attorney and court fees. If a corporation, payment is automatically unconditionally guaranteed by owners and officers of the corporation.

Full Name of Firm _____

By _____ Name _____ Title _____ Signature _____



CREDIT AUTHORIZATION

TO WHOM THIS MAY CONCERN:

I HEREBY PERMIT Tile Tech Pavers TO CHECK THE CREDIT AND BANK REFERENCES PROVIDED IN MY CREDIT APPLICATION.

COMPANY: _____

NAME & TITLE: _____

SIGNATURE: _____

DATE: _____

NAME OF BANK: _____

BANK ACCOUNT #: _____

PLEASE RUSH ORDER PENDING



CREDIT VERIFICATION

Attn. Credit Department

Re: Business Account Verification

Your name has been given to us as a bank reference by (please see attached authorization):

We would appreciate your recent experience and comments. All information shared will be held in strictest confidence. Please comply with this request for account information so this application can be processed without delay.

Account No.

Customer since _____ Average Balance _____

Any NSF checks ____ Yes ____ No

Additional comments or information _____

Thank you for your cooperation.

Tile Tech Pavers

Credit Department

Tel: (213) 380-5560

Fax: (213) 380-5561

PLEASE RUSH ORDER PENDING



CALIFORNIA RESALE CERTIFICATE

.....
(Name of Purchaser)

.....
(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid Seller's Permit No.

.....
issued pursuant to the Sales and Use Tax Law;

That I am engaged in the business of selling

.....
That the tangible property described herein which I shall purchase from:

Tile Tech Pavers
PO Box 5982
Los Angeles, CA 90055

will be resold by me in the form of tangible personal property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased:

.....

Date.....

.....
(Signature of Purchaser or Authorized Agent)

.....
(Title)