

CONFIDENTIAL CREDIT APPLICATION**BILLING ADDRESS:**

COMPANY NAME: _____

COMPANY WEBSITE: _____

PO BOX: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

A/P E-MAIL (NO Charge): _____

(Paper Invoice Mailing: \$3.00 per Invoice / Statements: E-Mail Only)

MERCHANDISE PURCHASED WILL BE: FOR RESALE: _____ TAXABLE: _____

IF FOR RESALE: **IMPORTANT** – *Attach Copy of Resale Certificate* – Link: [California Resale Certificate](#)

CALIFORNIA RESALE PERMIT #: _____

NEVADA RESALE PERMIT #: _____

CONTRACTOR'S LICENSE: _____ WHEN ESTABLISHED: _____

SOLE OWNER: _____ PARTNERSHIP: _____ CORPORATION: _____

REFERENCES:

BANK (NAME, ADDRESS & ACCOUNT #)

MATERIAL SUPPLIERS:

1) _____
NAME TEL # FAX # or E-MAIL2) _____
NAME TEL # FAX # or E-MAIL3) _____
NAME TEL # FAX # or E-MAIL

It is understood that the above information is furnished so that P & F Distributors can make a determination as to whether or not to extend credit. It is also understood that P & F Distributors' terms are NET 30 DAYS, that payment for merchandise received will be made as per these terms, and that if payment is not made within terms a service charge of 1.5% per month, or 18% per annum simple interest will be made on overdue balances. We grant P & F Distributors a security interest in our business equipment, deposit accounts, accounts receivable and the proceeds to secure payment according to our terms. We authorize P & F Distributors to file a UCC-1 Financing Statement to perfect such security interest. In the event of litigation, the prevailing party shall be entitled to recover costs and reasonable attorneys' fees. We also understand that P & F Distributors may contact references furnished to determine their credit history and we hereby authorize P & F Distributors to request this information from these references. **Please send completed credit application form to cece@pfdistributors.com.**

DATE: _____ SIGNATURE: _____

PRINT NAME and TITLE: _____

(President or Corporate Officer)

P & F Sales Representative: _____ Requested Credit Limit: _____ Customer #: _____

Shared Folder Form 4/4/2023

Los Angeles	1304 E. San Bernardino Ave., San Bernardino, CA 92408	909-799-7800	FAX 909-799-5558
Bakersfield	4039-C Well Tech Way, Bakersfield, CA 93308	661-589-7300	FAX 661-589-7377
Reno	675-B Edison Way, Reno, NV 89502	775-856-1888	FAX 775-856-1844

California Resale Certificate

I HEREBY 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 _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

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 that if I use the item(s) purchased under this 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 _____

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PRINTED NAME OF PERSON SIGNING _____	TITLE _____
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ADDRESS OF PURCHASER _____

TELEPHONE NUMBER () _____	DATE _____
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