



3451 Jupiter Court,  
 Oxnard, CA 93030  
 1(800) 482-9367  
 (805) 981-7161 Fax

# CREDIT APPLICATION

Please return the original of this form to :

Account # \_\_\_\_\_

**CREDIT MANAGER**

PLEASE PRINT OR TYPE ANSWERS TO THE QUESTIONS BELOW

## BILLING INFORMATION

Firm Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

Sales Tax Identification Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website: \_\_\_\_\_

Other dealer information or Shipping instructions \_\_\_\_\_

## GENERAL INFORMATION

Month & Year Business Established \_\_\_\_\_

If this is a new firm, have principals had previous experience in form sales ? \_\_\_\_\_

With what firm ? \_\_\_\_\_

Where ? \_\_\_\_\_

### Principals Names & Titles

Proprietorship

Partnership

LLC

Corporation

State Of Incorporation : \_\_\_\_\_

Branch

Subsidiary of Another Company

Name of Parent or Home Office \_\_\_\_\_

Address of Parent or Home Office \_\_\_\_\_

(Please complete next page)

**REFERENCES** (Name, address and telephone number)

<b>BANK</b>	_____
<b>Address</b>	_____ _____
<b>Telephone #</b>	<b>Fax #</b>
_____	_____

<b>BANK</b>	_____
<b>Address</b>	_____ _____
<b>Telephone #</b>	<b>Fax #</b>
_____	_____

<b>SUPPLIER</b>	_____	<b>Acct #</b>
<b>Address</b>	_____ _____	
<b>Telephone #</b>	<b>Fax #</b>	
_____	_____	

<b>SUPPLIER</b>	_____	<b>Acct #</b>
<b>Address</b>	_____ _____	
<b>Telephone #</b>	<b>Fax #</b>	
_____	_____	

<b>SUPPLIER</b>	_____	<b>Acct #</b>
<b>Address</b>	_____ _____	
<b>Telephone #</b>	<b>Fax #</b>	
_____	_____	

**Please Provide Financial Statement**

*\*Please complete and sign\**

**CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION**

I hereby certify that the information in this credit application is correct. The information in this credit application is for the use of TFP Data Systems in determining the amount and conditions of credit to be extended. I understand that the company may also utilize other sources of credit information it considers reliable in making this determination. Further, I hereby authorize the bank and supplier references listed in the credit application to release the information necessary to assist the company in establishing a line of credit. A 1-1/2% per month finance charge on all past due accounts, and further agree to pay any reasonable court or attorney-cost involved in collection of this account. Buyer shall not change any of the terms and conditions contained in this credit application unless seller agrees in writing. Seller can end credit terms and switch to cash terms upon buyer default.

FIRM NAME

ADDRESS

CITY

STATE

ZIP

SIGNATURE

DATE

TITLE

**Signed :**

**Print Name :**

**Title :**

**Date :**

**Number of outside sales People:**

**Total number of employees:**

**Listed with Dunn & Bradstreet ?**

## UNIFORM SALES & USE TAX CERTIFICATE - 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 Firm (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 service 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	State	State Registration, Seller's Permit, or ID Number of Purchaser
AK	_____	MT	_____
AL	_____	NC	_____
AR	_____	ND	_____
AZ	_____	NE	_____
CA	_____	NH	_____
CO	_____	NJ	_____
CT	_____	NM	_____
DC	_____	NV	_____
DE	_____	NY	_____
FL	_____	OH	_____
GA	_____	OK	_____
HI	_____	OR	_____
IA	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
IN	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
LA	_____	UT	_____
MA	_____	VA	_____
MD	_____	VT	_____
ME	_____	WA	_____
MI	_____	WI	_____
MN	_____	WV	_____
MO	_____	WY	_____
MS	_____		

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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_