

GWC PACKAGING

## Business Contact Info

Credit Application for Business Account

**DBA**

**Legal Company Name \***

**Phone Number \***

Area Code

Phone Number

**E-mail \***

example@example.com

**Federal ID # \***

**CA Resale #**

**Company Shipping Address \***

Street Address

Street Address Line 2

**Company Type \***

Sole Proprietorship

Partnership

Corporation

Other

**Business and Credit Info**

**Accounts Payable Contact \***

First Name

Last Name

**Accounts Payable Phone \***

Area Code

Phone Number

**Company to Bill Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Accounts Payable E-mail \***

## Bank Name

## Bank Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Bank Phone Number

Area Code

Phone Number

## Business References

### Reference 1: Company Name

#### Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number

Area Code

Phone Number

## Fax Number

Area Code

Phone Number

## E-mail

example@example.com

## Type of Account

## Reference 2: Company Name

## Address 2

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number 2

Area Code

Phone Number

## Fax Number 2

Area Code

Phone Number

## Type of Account 2

## Reference 3: Company Name

### Address 3

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Phone Number 3

Area Code

Phone Number

### Fax Number 3

Area Code

Phone Number

## Type of Account 3

## Agreement

(By checking these boxes you are agreeing to our terms - should you have any questions please contact us)

### Agreement and Terms \*

Excluding the opening buy special. All invoices are to be paid 30 days from the date of the invoice.

**Agreement and Terms \***

Claims arising from invoices must be made within 7 business days of the invoice date.

**Agreement and Terms \***

By submitting this credit application, you authorize us to make inquires into the banking and buisness references that you provided.

**Signer Name \***

First Name

Last Name

**Signer Title \***

## 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 \_\_\_\_\_

 \_\_\_\_\_

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

TELEPHONE NUMBER (     ) _____	DATE _____
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