

## CUSTOMER SETUP SHEET

### FOR OFFICE USE ONLY

Soleffect  
10125 Freeman Ave  
Santa Fe Springs, CA 90670  
Tel: 323-275-9434

Soleffect #:
Salesperson:
Date Opened:
Credit Granted:
Approved By:

☐ **New Credit Application**
                 
 ☐ **Credit Increase**
                 
 ☐ **Customer Contact Information Only**

Date Application Submitted:		Customer Account#:	
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ResaleTax Exempt #:	Dunn & Brad #:	Date Started in Business:
Federal ID#:	Date & State Incorporated:	SSN:

Bill To (Name):				Ship To (Name):			
Address:				Address:			
City:				City:			
State:		Zip:		State:		Zip:	
Phone:		Fax:		Phone:		Fax:	
Website:							

Ownership Type:      Sub-S                      Individual                      Partnership                      Corporation                      LLC

### PRIMARY CONTACTS

Name	Title	Email Address	Phone

PLEASE FILL OUT THE FOLLOWING PAGES TO BE CONSIDERED FOR OPEN ACCOUNT

**COMPLETE ALL SECTIONS IF YOU ARE APPLYING FOR OPEN ACCOUNT TERMS**  
**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN STRICT CONFIDENCE**

<b>Bank Name</b>	<b>Address</b>	<b>Telephone#</b>	<b>Fax#</b>
<b>Contact Name:</b>		<b>Account Number:</b>	

**CREDIT REFERENCES ~ PLEASE FURNISH ALL 3**

**Creditor 1**

<b>Name:</b>		<b>Years:</b>	
<b>Address:</b>		<b>Terms:</b>	
<b>City, State, Zip:</b>		<b>High Credit:</b>	
<b>Contact:</b>		<b>Present/Past Due Balance:</b>	
<b>Phone:</b>		<b>Fax:</b>	
		<b>Remarks:</b>	

**Creditor 2**

<b>Name:</b>		<b>Years:</b>	
<b>Address:</b>		<b>Terms:</b>	
<b>City, State, Zip:</b>		<b>High Credit:</b>	
<b>Contact:</b>		<b>Present/Past Due Balance:</b>	
<b>Phone:</b>		<b>Fax:</b>	
		<b>Remarks:</b>	

**Creditor 3**

<b>Name:</b>		<b>Years:</b>	
<b>Address:</b>		<b>Terms:</b>	
<b>City, State, Zip:</b>		<b>High Credit:</b>	
<b>Contact:</b>		<b>Present/Past Due Balance:</b>	
<b>Phone:</b>		<b>Fax:</b>	
		<b>Remarks:</b>	

Check here if Visa, MasterCard or American Express payments are acceptable until credit is approved:



Invoice Options:

Mailed

E-Mailed -

Address

### Conditions of Sales and Credit Agreement

#### PLEASE READ CAREFULLY AS THIS IS A BINDING CONTRACT

1. In consideration for any extensions of credit by Soleffect the undersigned authorizes Soleffect to conduct a credit investigation including inquiries of the references listed above.
2. In the event of default of foregoing statement, the undersigned agrees to pay a service charge of 1.5% added monthly on all unpaid balances past due.
3. In the event the Applicant sells, transfers or changes the ownership or legal structure of it's business, Applicant agrees to provide written notice within 30 days. Until such notice is received, Applicant agrees to be liable for all purchases made on an account.
4. Should any portion of an invoice not be paid timely so that Soleffect incurs any collection charges to attorney's fees, your company will be responsible for such charges or fees which will equal 33% of the unpaid account.
5. In the event a check is returned by your bank, a \$35.00 fee will be added to your account.
6. Accounts may be suspended at any time.
7. Credits on account are to be used for merchandise only. No cash refund will be disbursed.
8. Applicant hereby affirms that the information contained in this application is true, complete and correct.

Authorized Signature:

Title:

Print Name:

Date:

## 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 SOLEFFECT 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:

Window Coverings and/or Supplies

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

ADDRESS OF PURCHASER

TELEPHONE NUMBER

(      )

DATE