



CENTRAL VALLEY GLASS & SCREEN Inc.

Please send back to AR Dept. @
916-266-7496 (fax) or
accounting@cvgsonline.com
(e-mail)

5854 88th Street

Sacramento, CA 95828

www.cvgsonline.com

TERMS APPLYING FOR:

COD: CASH – CHECK –

CC – ONLINE (circle one)

NET 10

NET 30

***Please send in the original in addition to faxing or e-mailing**

General Company Information:

AMOUNT: _____

SALES REP: _____

Company Name:	
DBA (if different)	
Address: City/State/Zip:	
Phone#:	
Fax #:	
E-mail:	
Date Business Established:	
Type of products you will purchase:	
EIN or SSN #:	
Type of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
# of employees:	

Corporations or Partnerships: (skip this section if you are a sole proprietor)

Please list the following information for the company's chief corporate officers or partners: **State of Incorporation:** _____

Name:		Phone #:	
Address: City/State/Zip:		Title:	
		E-mail:	

Name:		Phone #:	
Address: City/State/Zip:		Title:	
		E-mail:	

All Businesses: (so that we can better serve you)

Has this company ever had credit with us before? YES NO

If yes, under what name? _____

Is this company tax exempt? YES NO

If yes, please send us your resale form/card so that we can put the information into our system appropriately

Does your business require purchase orders? YES NO

Does your business want confirmations? YES NO

E-MAIL _____ -OR- FAX _____



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* Vendor references are **required** if applying for terms

Method for receiving invoices? E-MAIL FAX PRINT & MAIL (Accounts Payable information)
 (Statements will also be sent via this method)

AP e-mail address: _____ AP Fax#: _____

AP mailing address: _____ City: _____ State: _____ Zip: _____

Bank Reference:

Name/Contact Person:		Phone #:	
		Fax #:	
Address:		Account #:	
City/State/Zip:			

Vendor References: (PLEASE NOTE: you must have been in business for at least 1 year)

Name:		Phone #:	
Address:		AR Fax #:	
City/State/Zip:		Account #	

Name:		Phone #:	
Address:		AR Fax#:	
City/State/Zip:		Account #	

Name:		Phone #:	
Address:		AR Fax #:	
City/State/Zip:		Account #	

Name:		Phone #:	
Address:		AR Fax#:	
City/State/Zip:		Account #	

Name:		Phone #:	
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*** Personal and/or business credit reports will be run to determine the credit worthiness of the person(s) or business that applies for credit. Equifax is updated monthly on each account status.**

NOTE: If you would like a copy of the credit report please mark the box

General Terms & Conditions

I represent that all information provided is true and is given to extend credit to the applicant. My company and I authorize Central Valley Glass & Screen, Inc. to investigate as they see fit, including contacting the listed references and/or banks. My company and I authorize all vendors, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

- 1) Term 10/30 customers - Invoices are sent out twice a week. Statements are sent on the 1st-5th day of each month. COD account customers will be expected to pay using sales orders and will only get invoices per each request.
- 2) Term 10/30 customers - All invoices become payable in full within 10/30 days of invoice date, payments not received within 10/30 days of invoice date are considered past due. Past due accounts will also receive calls from the Finance/Accounting Department.
- 3) Term 10/30 customers - Past due accounts reaching 25(term 10)/60 (term 30) days will not be extended additional credit unless satisfactory arrangements have been made with our credit department. If your account goes into 25/60 late fees and interest will be added to the balance at 1.8% per month 21.60% per annum. Terms will be reviewed and could be changed to pre-pay. We also have a right to send your account to our attorney if there is no communication on your end once the balance is 60-90 days old.
- 4) By signing this application, whether signing as officer or not, personally guarantee payment of all items purchased on credit. Should any arbitration or litigation be commenced between and of the parties hereto concerning any provisions of this agreement or the rights and duties of any person relative thereto, or if lender should incur reasonable attorneys' fees (including fees incurred upon appeal), expert witness fees or other out-of-pocket expenses including, without limitation, all reasonable expenses incurred in connection with the protection or realization of the note and it's collateral incurred by lender whether or not suit is filled, Debtor agrees to pay all such reasonable costs and expenses.

I have read and understand the terms and conditions stated above and agree to all these terms and conditions.

Dated:	Month _____ Day _____ Year 20 _____
Guarantor (print name):	
Guarantor Signature:	
Home/Cell #:	

Dated:	Month _____ Day _____ Year 20 _____
Guarantor (print name):	
Guarantor Signature:	
Home/Cell #:	

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 _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____ DATE _____
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