



H.G. MAKELIM CO.  
 219 SHAW ROAD  
 SO. SAN FRANCISCO, CA 94080  
 TEL (650) 873-4757  
 FAX (650) 872-5438

**APPLICATION FOR OPEN ACCOUNT**

**BUSINESS INFORMATION**

LEGAL NAME OF ENTITY		
DBA (if any)		
ADDRESS		
CITY		
STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	
E-MAIL ADDRESS		

**BUSINESS DESCRIPTION**

IN BUSINESS SINCE	NATURE OF BUSINESS
TYPE OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> C CORP <input type="checkbox"/> S CORP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/> SOLE PROPRIETORSHIP	
PARENT COMPANY NAME, IF ANY	DUNS #
FEDERAL TAX ID# / SS# ( <b>ATTACH W-9</b> )	RESALE LICENSE #
WILL PURCHASES BE FOR RESALE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, complete attached Sales Tax Permit Information and Resale Certificate and attach copy of valid State/City Resale License(s).)	

**OFFICERS / OWNERS**

NAME	TITLE	ADDRESS	PHONE #
			( )
			( )
			( )

**BANK REFERENCES**

NAME OF BANK		NAME TO CONTACT	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	DATE ACCOUNT OPENED	
CHECKING ACCOUNT NO.		SAVINGS ACCOUNT NO.	

**TRADE REFERENCES**

NAME OF FIRM	CONTACT NAME	ADDRESS	PHONE #	FAX #
			( )	( )
			( )	( )
			( )	( )

**CONFIRMATION OF ACCURACY OF INFORMATION AND RELEASE OF AUTHORITY TO VERIFY**

*I, the undersigned am an officer/owner or authorized agent of the Applicant with authority to bind Applicant and establish this trade credit account. I hereby certify that the information in this credit application is true and correct. The information included in this credit application is for use by the Company in determining the amount and conditions of credit to be extended. I understand that the Company may also contact other sources of credit information which it considers necessary in making this determination. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist the Company in establishing a line of credit.*

\_\_\_\_\_  
 NAME (MUST BE AN AUTHORIZED AGENT)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE (MUST BE AN AUTHORIZED AGENT)

\_\_\_\_\_  
 TELEPHONE NO.

TERMS AS PER INVOICE. SERVICE CHARGES OF 1.5% PER MONTH (18% PER ANNUM) WILL BE ADDED TO ALL PAST DUE BALANCES. APPLICANT AGREES TO PAY ALL REASONABLE CHARGES, INCLUDING ATTORNEY FEES IF ACCOUNT IS PLACED IN COLLECTIONS.



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**ACCOUNT INFORMATION**

**SALES INFORMATION**

AMOUNT OF CREDIT DESIRED	
CUSTOMER TYPE <input type="checkbox"/> DEALER <input type="checkbox"/> OEM <input type="checkbox"/> FLEET <input type="checkbox"/> OTHER	
ESTIMATED SALES VOLUME MONTHLY	ANNUAL
DO YOU HAVE AN ORDER PENDING UPON CREDIT APPROVAL? <input type="checkbox"/> YES   IF YES, AMOUNT OF OPENING ORDER <input type="checkbox"/> NO	
REFERRED BY	

**BILLING INFORMATION**

"BILL-TO" NAME		
ATTENTION:		
ADDRESS		
CITY		
STATE	ZIP CODE	COUNTY
PHONE (   )	FAX (   )	
PO'S REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SHIP-TO ADDRESSES (if different than billing address)**

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

**CONTACT INFORMATION**

	CONTACT NAME	E-MAIL ADDRESS	PHONE #	FAX #
ACCOUNTS PAYABLE			(   )	(   )
PURCHASING MANAGER			(   )	(   )
			(   )	(   )

SPECIAL INSTRUCTIONS/REQUIREMENTS
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## SALES TAX PERMIT INFORMATION

FILL OUT A SEPARATE COPY FOR EACH STATE (AND CITY IF APPLICABLE). ATTACH COPY OF VALID STATE/CITY RESALE LICENSE(S).

CUSTOMER NAME		SALES TAX LICENSE #	
ADDRESS	CITY	STATE	ZIP

In compliance with Sales and Use Tax Laws, it is necessary that we have from all our customers a signed resale certificate, with their State/City Sales Tax Permit Number, to show that the merchandise has been purchased for resale. If we do not have this certificate, we are obligated to collect the tax for the State/City in which the property is delivered. (If you have more than one resale number for multiple locations please attach a resale certificate for each number).

If you are entitled to sales tax exemption, please complete the resale certificate and send it to us at your earliest convenience. If you purchase tax free for a reason for which this form does not provide, please send us your special certificate or statement.

## RESALE CERTIFICATE

I hereby certify that I, or my Company \_\_\_\_\_, holds a valid seller's permit number \_\_\_\_\_ issued by the State/City of \_\_\_\_\_ and pursuant to the Sales and Use Tax Law of this State/City; that I am engaged in the business of selling \_\_\_\_\_;

that the tangible personal property described herein which I shall purchase from **H.G. Makelim Co.** will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property.

DESCRIPTION OF PROPERTY TO BE PURCHASED FOR RESALE:
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NAME OF AUTHORIZED AGENT	TITLE
SIGNATURE OF AUTHORIZED AGENT	DATE