



General Enquiries: support@bestunitedbuy.com
Sales/Distributors: jsegal@bestunitedbuy.com
Technical Support/Customer Services: mzitto@bestunitedbuy.com
Website: bestunitedbuy.com

Credit Application

Legal Business Name phone #
Billing Address Contact person
Shipping Address

BUSINESS INFORMATION

President/Owner A/P Manager Corporation []
Address Partnership []
Single Ownership []

Type of Business

Number of Employees

How many years in business? Dealer []

Desired Credit Limit \$ Distributor []

Estimated Annual Purchases End User []

Is Merchandise for resale (Y/N)? If "Yes" please complete Resale Certificate below

RESALE CERTIFICATE

I/We hereby certify that I/we hold a valid reseller's permit # _____, issues pursuant to the Sales and Use Tax Law, that I/we are

engaged in the business of tangible product, provided, however, that in the event any of such product is used for any purpose other

than retention, demonstration or display while holding it for sale in the product or other authorized amount. Expiration Date:

Please send a copy of your reseller's permit along with this application.



BEST UNITED BUY LLC

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BANK REFERENCES

Name of Bank	Contact Person
Bank Address	
Account Number	Account Type
Bank Phone	Bank Fax

TRADE REFERENCES – Three (3) Trade References

Company Name	Contact Person
Address	
Date Opened	Line of Credit
Telephone	Fax

Company Name	Contact Person
Address	
Date Opened	Line of Credit
Telephone	Fax

Company Name	Contact Person
Address	
Date Opened	Line of Credit
Telephone	Fax

Purchaser or Authorized Agent	Signature	Title	Date
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Signature on this form sufficed for information provided, resale certificate, understanding of terms and conditions and serves as authorization for Best United Buy, LLC. to verify information with banking institution and trade reference.