

atmosphere is everything

Please be aware that to qualify for credit, you must have a Paydex Score of a least 72, must be a Distributor, and must buy a least one unit. Incomplete applications will not be accepted and must be resubmitted to continue the credit process. Please return completed credit application to <a href="mailto:veronicaa@marsair.com">veronicaa@marsair.com</a> or fax to (310) 324-3030

CREDIT APPLICATION FOR A BUSINESS ACCOUNT				
BUSINESS INFORMATION				
Company name:				
Phone:	Fax:			
Billing address:	City, State, Zip Code:			
CONTACT INF	FORMATION			
Accounts Payable Contact Name:				
Phone#	Fax #:			
E-mail:	E-mail/Fax invoices to:			
Owner/President Name:				
Purchasing Manager Name:				
E-mail:	Fax #:			
REQUIRE	MENTS			
<ul> <li>Must provide minimum of 3 credit references on a separate sheet including phone #, Fax # and E-mail address</li> <li>Must include copy of Resale certificate</li> </ul>				
Please check the appropriate Market you are in:   HVAC  Food Service  Material Handling  Electrical  Other				
Please check the appropriate Field you are in:     Distributor/Wholesaler/Dealer   Contractor   End User				
Are you a member of a buying group? Please Specify				
AGREEMENT				
1. Point of sale is Gardena, CA and our freight terms are FOB Destination within continental U.S, Best Way. All invoices are to be paid 30 days from the date of the invoice. If an invoice is not paid within the sixty days of sale, we reserve the right to revoke any applicable sales discounts and to amend our freight terms to FOB Origin, Freight Prepay and Bill.				
2. Claims arising from invoices must be made within seven working days. If an invoice is not paid within the sixty day of due date, customer agrees to pay an annual 10% interest rate starting from the date of the invoice. If an invoice is transferred to a collection agency or attorney, customer agrees to pay all applicable legal and collection fees. For complete Sales Conditions and payment Terms, please refer to our current price list.				
3. By submitting this application, you authorize Mars Sales Company to make inquiries on your business/trade references that you have supplied. By signing this contract, you agreed to the above sales conditions and payment terms.				
SIGNATURE				
Title:	Name:			
Signature:	Date:			



## **RESALE CERTIFICATE**

1.	Name of	Seller: _					
2.	Name of	Buyer/Bu	siness:				
3.	Address of	of Buyer:	Street		City	State	Zip Code
4.	Buyer's U	JBI/Reve	nue Registration N	Number:			
5.	Buyer is i	n the busi	ness of:				
6.	Types of items purchased for resale:						
		appropr  for  for  per.  as a  pro  for  as a  The buys categori privilege	iate box): resale in the regulate as an ingredus sonal property to be producted as feed, seedulated as farmer.  The producted as a secondary to be as feedulated as feedulated as feedulated as listed on line to bus the bus subjects the bus resubjects the bus resubjects the secondary.	ular course of be lient or compone of be produced for used in processing uced for sale, or ly seedlings, fertile that it is solely the buyer acty or to a penalty	ng a new article of ta	ening use. The of tangible The of tangible personal The als in its capacity The asing within the use of the resale	
Prin	nt Name:		Name	e of Person Authorize	ed By the Buyer to Sign the l	Resale Certificate	
Sign	nature:						
2	_				Authorized Agent of the Buy	er	
Effe	ective Date	e:			through		
				(	Not To Exceed 4 Years)		
Dat	e Signed:						
		Selle			o not send to Depart W 82.08.130 and WAC		

For tax assistance visit http://dor.wa.gov or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.



## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit		Phone (Area code and	number)			
Address (Street & number, P.O. Box or Route number)	Address (Street & number, P.O. Box or Route number)					
City, State, ZIP code						
Texas Sales and Use Tax Permit Number (must contain 11 digits)						
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC)	number for retailers based in Mexico					
(Retailers based in	n Mexico must also provide a copy o	of their Mexico regis	tration form to the seller.)			
I, the purchaser named above, claim the right to make described below or on the attached order or invoice) f		r resale of the ta	exable items			
Seller:						
Street address:						
City, State, ZIP code:						
Description of items to be purchased on the attached order	or invoice:					
Description of the type of business activity generally engage	ed in or type of items normally s	old by the purcha	ser:			
The taxable items described above, or on the attached orde limits of the United States of America, its territories and pos their present form or attached to other taxable items to be s	sessions or within the geograph	•				
I understand that if I make any use of the items other than rete I must pay sales tax on the items at the time of use based u of time used.		_				
I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.						
sign here	Title		Date			

## Suggested Blanket Resale Certificate

This is to certify that all tangible personal property or taxable services purchased from:

are intended for resale as tangible personal property or for use or incorporation as a material or part of other tangible personal property to be produced for sale.

This certificate shall be considered as a part of each order we shall give, provided that the order bears our Maryland sales and use tax registration number, and is to continue in force until revoked.

Buyer's Name Buyer's Address

Signature

Buyer's MD Sales and Use Tax Registration No. Date

## **California Resale Certificate**

1 1	TEREBI CERTIFI:						
1.	I hold valid seller's permit number:						
2.	2. I am engaged in the business of selling the following type of tangible personal property:						
3.	This certificate is for the purchase fromlisted in paragraph 5 below.	of the item(s) I h	nave				
4.	tangible personal property in the regular course use of the item(s) other than demonstration and my business. I understand that if I use the item	nich I am purchasing under this resale certificate in the form of my business operations, and I will do so prior to making display while holding the item(s) for sale in the regular cours (s) purchased under this certificate in any manner other that tem's purchase price or as otherwise provided by law.	any se of				
5.	Description of property to be purchased for resal	<b>:</b> :					
6.	I have read and understand the following:						
	6094.5 if the purchaser knows at the time of purcuse (other than retention, demonstration, or discertificate to avoid payment to the seller of an a	of a misdemeanor under Revenue and Taxation Code sections that he or she will not resell the purchased item prior to alay while holding it for resale) and he or she furnishes a remount as tax. Additionally, a person misusing a resale certification is liable, for each purchase, for the tax that would have to 30, whichever is more.	any sale cate				
NA	ME OF PURCHASER						
SIC	SNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED RE	PRESENTATIVE					
S	<u>A</u>						
PR	INTED NAME OF PERSON SIGNING	TITLE					
AD	DRESS OF PURCHASER						
TE	LEPHONE NUMBER	DATE					
(	)						