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Woodworker since 1981

## APPLICATION FOR CREDIT

AUSTIN HARDWOODS, INC.  
610 N. SANTIAGO STREET  
SANTA ANA, CA 92701

**Fax completed credit application to 714-953-4477**

Account # \_\_\_\_\_ Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Trade/DBA \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Year Established \_\_\_\_\_ Federal ID # \_\_\_\_\_ DNB # \_\_\_\_\_

Contractor License # \_\_\_\_\_ Year Issued \_\_\_\_\_

Entity:  
\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation/State



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Company Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Amount of Credit Desired: \$ \_\_\_\_\_

Do you require Purchase Orders or Job Names for purchases? Yes / No

Tax Exempt? Yes / No                      Resale # \_\_\_\_\_

\*In order for us to sell you any merchandise on a tax exempt basis, we must have a COMPLETED & SIGNED Resale Card on file.

List Name(s) of Corporate Officer(s), Partner(s), or Owner(s):

We must have Social Security Number and Driver's License number for Identity and Security purposes.

\_\_\_\_\_  
Position/Name/Home Address/City/State/Zip/Driver's License # /Social Security #

\_\_\_\_\_  
Position/Name/Home Address/City/State/Zip/Driver's License # /Social Security #

\_\_\_\_\_  
Position/Name/Home Address/City/State/Zip/Driver's License # /Social Security #

**TRADE REFERENCES**

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**BANK REFERENCE**

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_



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Company Name \_\_\_\_\_

DBA \_\_\_\_\_

To assist Austin Orange County Hardwoods, Inc. dba: Austin Hardwoods, Inc. in granting you credit, we would appreciate you attaching a recent financial statement. For a credit limit of \$15,000.00 or more we may insist on a financial statement.

### ACCOUNT AGREEMENT AND TERMS OF SALE

The undersigned hereby applies to Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. for credit. It is understood and agreed that the undersigned specifically consents to Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. investigating the applicant's credit history and may utilize outside credit reporting services to obtain information on the undersigned.

If credit is extended, I understand all invoices are due and payable within 30 days of the invoice date. Prices charged are with the expectation of payment being made within standard terms. Past due invoices may be subject to a liquidated damage charge of 1.5% of the invoice total for each month thereafter as an adjustment in the price. Customer agrees it would be impractical to fix actual damages and this charge as liquidated damages is a fair and equitable approximation of actual additional expenses incurred by Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. It is further agreed this will not affect Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. right to demand payment and take action to collect past due amounts.

Terms and conditions of sale: the undersigned agrees to pay for all purchases according to the terms of Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. No terms or conditions of purchase orders different from the terms of Austin Orange County Hardwoods Inc., dba: Austin Hardwoods, Inc. will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. No items will be accepted for return without prior approval. All returns are subject to a restocking charge.

Upon a change in principals or the legal identity of the company, applicant will give written notice 15 days prior to the change to the credit department of Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. Should suit be instituted to collect any debts of the undersigned, the undersigned agrees to pay all actual costs of collection and attorney's fee and interest on the past due amount at the highest rate legally available.

Signature/ Print Name  
(Officer or Principal Only)

Title

Date

### CONTINUING PERSONAL QUARANTY

In consideration of credit being granted by Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. the undersigned personally guarantees any and all charges now and hereafter and/or money due Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc. This guarantee includes in addition to outstanding principal and balance, interest and late charges, any and all attorney fees and collection costs. In the event payment is demanded by Austin Orange County Hardwoods, Inc., dba: Austin Hardwoods, Inc., the undersigned agrees to make payment within 30 days.

Signature/ Print Name  
(Officer or Principal Only)

Title

Date



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**BANK INFORMATION AUTHORIZATION**

Date \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_ authorize  
(Authorized Name) (Title)

\_\_\_\_\_ to respond fully to Austin Hardwoods, Inc.  
(Bank Name)

Request for credit and banking experience for:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Account Number)

I further authorize a copy of this authorization to be treated as an original.

Your prompt response is greatly appreciated.

\_\_\_\_\_  
(Authorized Signature)

### 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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Dear Valued Customer,

We are continually striving to keep our computer customer base updated and current. To this end, we are asking for some updated information from each of our customers to help us better serve you in the future.

Additionally, we are now able to offer our customers a **paperless** invoicing option. If you haven't already signed up for this new option, please do so now. The contact information below is for whom we should direct paperless invoices/statements.

Your Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable E-Mail: \_\_\_\_\_

Do You Require P.O.'s? Yes / No (circle one)

Would you prefer your invoices/statements FAXED or E-MAILED ? (circle one)

If faxed, please provide fax number: \_\_\_\_\_

If e-mailed, please provide e-mail address: \_\_\_\_\_

Please return the completed form either via fax at 714-953-4477

Should you have any further questions, please contact me  
at 714-953-4000.

We thank you for your prompt response.