



Best Master Furniture™

13770 Norton Ave, Chino, CA 91710
Tel:(909)524-0889 Fax:(909)524-0845
Website: www.bestmasterfurnitures.com
E-mail: info@bestmasterfurnitures.com

Resale Tax 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:

(Purchaser's Type of Business)

3. This certificate is for the purchase from Best Master Furniture 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

EMAIL

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CUSTOMER INFO

Please submit the following information. All information provided to us will be held strictly confidential and will be used for verifying credit history. **Incomplete applications will not be considered for an account.**

Business Name _____

Phone: _____ Fax: _____

Address: _____ For Past _____ Years

Shipping Address: _____

D/B/A _____ Federal Tax ID# _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ Years In Business _____

Mortgage Holder/Landlord _____

Address: _____ Phone# _____

Does State, County or City require License? Yes No If yes, License #

OWNERSHIP: Sole Proprietor Partnership Corporation

PRINCIPLE: _____
(NAME) (TITLE) (SS# or DL#)

PRINCIPLE: _____
(NAME) (TITLE) (SS# or DL#)

BANK REFERENCES

(Name of Bank) (Address & Phone#) (Acct#)

(Name of Bank) (Address & Phone#) (Acct#)

If your bank requires you to give authorization before releasing information have you given it?

Yes

No

* NOTICE All past due invoices will accrue 1.5% interest weekly. Consignee will assume any and all legal expense incurred in collecting this document. Site of jurisdiction remains in the City of Los Angeles until goods are paid.



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PERSONAL GUARANTEE

In consideration for _____, extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to BEST MASTER FURNITURE by the business identified be whether said sums are due under opened account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between BEST MASTER FURNITURE and the business. BEST MASTER FURNITURE shall not be obligated to notify the undersigned of the dates or amounts of such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by BEST MASTER FURNITURE.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by BEST MASTER FURNITURE said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum of debt incurred prior to such termination.

It is also understood that consignee will assume any and all legal expenses incurred in collecting this document. Site of jurisdiction remains in the City of Los Angeles until goods are paid and they are waiving their right to litigate outside of Los Angeles County

BEST MASTER FURNITURE reverses the right to repossess all merchandise that has not been delivered or been paid for due to lack of responsibility of payment or shipment

(Date)

(Name of person guaranteeing payment, NO TITLE)

Home Address: _____

Home Phone # : _____

SS# _____

Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____



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TRADE REFERENCES

NAME

ADDRESS - PHONE# - FAX#

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Has your firm or any of it's principals ever been Bankrupt? Yes No

If yes, explain

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted are true and correct.

We are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (COD) and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect costs, including any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

(Date)

(Print Name)

(Title)

(signature)

(Print Name)

(Title)

(signature)

I hereby authorize BEST MASTER FURNITURE or any credit bureau or other investigation agency employed by us, to obtain bank, vendor, other credit references, and personal credit information on owners, officers, directors or guarantor(s) as deemed necessary to establish credit and financial responsibility

I certify that all statements in this application are true and complete

(Signature)

(Date)

(Print Name)

(Date)