



**COMPANY INFORMATION**

Date of Application: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Legal Entity Company Name: \_\_\_\_\_

Year Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Tax Resale #: \_\_\_\_\_

Corporation  Sole Proprietorship  Partnership  Limited Liability Corp.  Other: \_\_\_\_\_

\*In order to facilitate tax exempt purchases in the state(s) in which you are reselling our merchandise, Infinifan must receive the appropriate completed state Resale Certificate forms, along with this application. This is to ensure that no sales tax is charged on purchases intended for resale.

Principle Name(s): #1 \_\_\_\_\_ Principle Name(s): #2 \_\_\_\_\_

Billing/Mailing Address: (building/house number, street, city, state, zip code and country code)

Shipping Address: **Check box if same as billing/ mailing address.**

If more than one shipping address, list all in a separate sheet and attach to application.

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

**COMPANY ACCOUNTS PAYABLE INFORMATION**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT CARD INFORMATION FOR PURCHASES**

Credit Card Type:  Visa  Master Card  American Express  Discover

Credit Card #: \_\_\_\_\_ EXP Date: \_\_\_\_\_ CCV #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**TO BE CONSIDERED FOR NET TERMS, PLEASE COMPLETE THE FOLLOWING INFORMATION...**

Trade References:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank References:

Bank Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Years Of Experience: \_\_\_\_\_ Acct #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct Type: \_\_\_\_\_

Requested Terms: \_\_\_\_\_ Requested Credit Line: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that Infinifan, Inc. may contact trade references and banking institutions for the purpose of obtaining credit information. I/WE authorize Infinifan, Inc. to charge my card listed above under Credit Card Information. I/we give my/our consent to a credit search being made on me/us as office, owner, partner or director of this organization both now and at any future date. Information obtained in a credit investigation will remain in strict confidence.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_