

Trade References

References 1:

Company Name: _____ Contact: _____ Account: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

References 2:

Company Name: _____ Contact: _____ Account: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

References 3:

Company Name: _____ Contact: _____ Account: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

References 4:

Company Name: _____ Contact: _____ Account: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

The undersigned certifies that the information provided above is true and complete and submits it in support of this credit application for the purpose of establishing an account with Sundance Window Coverings. It is understood and agreed that any material misrepresentation may result in the cancellation of any credit extended.

Print Name

Signature

Title

Date

California Resale Certificate

I Herby 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:

Window Coverings

3. This certificate is for the purchase from Sundance Window Coverings of the item(s)
(Vendor's Name)

I have listed in paragraph 5 below.

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 the 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:

Window Coverings

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

Credit Card Authorization

Account Name: _____ Account #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact: _____ Office Phone: _____ Cell: _____

Please select one:

Authorization for Credit Card Payment and Future Transactions

I hereby authorize **Sundance Window Coverings** to charge my credit card for the amount(s) associated with the sidemark(s) or invoice number(s) listed below. I acknowledge and agree that my payment information may be securely stored on file by Sundance Window Coverings for the purpose of processing future transactions related to my account

Authorization for One-Time Credit Card Payment

I hereby authorize **Sundance Window Coverings** to charge my credit card for a one-time payment corresponding to the amount(s) associated with the sidemark(s) or invoice number(s) listed below. I understand that this authorization applies solely to this transaction and that my payment information will not be retained for future use.

Please fill in the following information for paying by Credit Card:

Card Type: Company Credit Card Personal Credit CardCard Provider MasterCard VISA DiscoverCardholder Name : _____
(as shown on card)

Card Number: _____ CVV: _____

Expiration Date (mm/yy): _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Authorize to charge amount: _____

Sidemark or Invoice Number: _____

Account Holder Name Printed: _____

Account Holder Signature: _____ Date: _____

Please remit to: accounting@sundancedecor.com**Thank you very much for your business.**