

CLASSIC LAMP PARTS

NEW ACCOUNT INFORMATION

BUSINESS CONTACT INFORMATION AND PREFERENCES

Company Name:			
Contact Person:		Position:	
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Shipping Address (if different):			
City:		State:	ZIP Code:
Buyer Name:		Order Conf. Email:	
PLEASE CHECK ONE: Do you prefer invoices Mailed <input type="checkbox"/> E-Mailed <input type="checkbox"/>			
Accounts Payable Contact:		A/P Email:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid within agreed payment terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Classic Lamp Parts, LLC. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Print Name:	Sign:
Title:	Date:
Print Name:	Sign:
Title:	Date:

Please submit completed form via email to CustomerService@ClassicLampParts.com or fax to (323) 446-7534

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 _____
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ADDRESS OF PURCHASER _____

TELEPHONE NUMBER () _____	DATE _____
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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder Name (as shown on card):	
Credit Card Number:	
Expiration Date (mm/yy):	CVV Code:
Address (from credit card billing address):	
City and State (from credit card billing address):	
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize Classic Lamp Parts, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Authorized Customer Signature

Date

FAX OR EMAIL TO:

Classic Lamp Parts
Email: Accounting@ClassicLampParts.com

Fax (323) 446-7534
Phone (323) 282-7041

DO NOT WRITE BELOW. FOR COMPANY USE ONLY.

NOTES:
