

Father and Sons Machine Precision Inc.

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Tax ID:
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Father and Sons Machine Precision Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

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 _____

() _____

AUTHORIZATION FOR RELEASE OF INFORMATION
BANK RELEASE FORM

Company: _____

Address: _____

City: _____ State: _ Zip _____

Tel: _____ Fax: _____

I, _____ (Please print) hereby authorize the bank shown below to release my any credit information requested by Father and Son's Machine Precision Inc.

Authorized Signature: _____

Title: _____

Name of bank: _____

Address: _____

City: _____ State: _ Zip: _____

Account #: _____

Bank Officer Contact Name: _____

Tel: _____ Fax: _____

AUTHORIZATION TO CHARGE FORM

TO: FATHER & SONS MACHINE PRECISION INC
8415 ALLPORT AVE
SANTA FE SPRINGS, CA 90670
PHONE: 562/698-6086
FAX: 562/698-2259



I Authorize **FATHER & SONS MACHINE PRECISION INC.** to charge the following on my credit card

Invoice (s)# _____

Total Charge: \$ _____

Card Type:

Mastercard American Express Visa Other _____

Account Number : _____

CID Code: _____

**For Visa and Mastercard, the CID code is the last three digits of the number printed in the signature panel on the back of the card. For AMEX, it is the four digit number printed on the front of the card just above the last five digits of the account number. The CID code is required for all transactions

Expiration Date: _____ D/L No.: _____ State: _____

Cardholder Name: _____ Phone# _____

Billing Zip Code: _____ City: _____

Company: _____

Signed By: _____

Printed Name: _____

Title: _____

Date: _____



PLACE CREDIT CARD HERE
FOR PHOTOCOPY