



Credit Application

8043 Industrial Park Road, Mechanicsville, Virginia 23116 (804) 746-1321

Fax completed application to (804) 746-2595

Date: _____

Broker/Salesperson Name _____ **Territory** _____

Company Name _____

Billing Address _____

City _____ **State** _____ **ZIP Code** _____

Shipping Address _____

City _____ **State** _____ **ZIP Code** _____

Phone: () _____ **Fax:** () _____ **Email** _____

Type of Business _____ **Year Started** _____

() Corporation **Federal ID** _____ () Partnership () Proprietorship

Company Officers:

Name Address Title

Name Address Title

Banking Information/Trade References: If available, please attach a current financial statement

Bank Name Address Contact Phone # Fax #

Reference # 1 Address Phone # Fax #

Reference# 2 Address Phone # Fax #

Reference# 3 Address Phone # Fax #

1. An account with repeated past-due balances or an account which exceeds the established credit limit may be subject to delays in future shipments and/or terms adjustments to C.B.D. or C.O.D.
2. Customers shall incur 1.5% per month finance charge on outstanding balance(s) specifically agrees to the imposition of this finance charge on past due balances.
3. The forgoing statements and accompanying financial statements are correct and were provided to induce Cliff Weil, Inc. to extend credit.
4. Payments will be made in accordance with the terms stated on each invoice; standard terms are Net 20 days.
5. In the event of non-payment and the institution of collection or legal proceedings, the applicant(s) agrees to pay all collection costs, including all reasonable attorney fees.
6. Customer agrees to notify Cliff Weil Inc., within 30 days, of any material change in corporate structure or in the event of change(s) in ownership if a proprietorship or partnership.

➡ _____
Applicant (Print) Date

➡ _____
Applicant (Signature) Date

BLANKET SALES TAX EXEMPTION CERTIFICATE

Issued to: (Seller)
Cliff Weil, Inc.

Address: 8043 Industrial Park Road
Mechanicsville, VA 23116

I Certify _____ is engaged as a: Wholesaler
Name of Firm (Purchaser) Retailer
 Manufacturer
 _____ Lessor
Address

City, State, ZIP

and that all the tangible property, described below, that will be purchased from Cliff Weil, Inc. is exempt from sales and use taxes in all states [list below] in which delivery of said property has or will be made, for the following reason:

- Purchased for resale Purchased for leasing
 Incorporation as an ingredient or component part of a new product manufactured for sale
 Other _____

We are in the business of wholesaling, retailing, manufacturing, leasing the following: _____

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller: _____

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as far as to every material matter.

Authorized Signature (Owner, Parnter, or Corporate Officer) _____ Title _____ Date _____

Please insert your sales tax registration number in the following tax jurisdictions in which you are registered for sales and/or use tax purposes. If you are claiming exemption as an interstate common carrier, list your ICC, PUCO, or other applicable number for those states permitting said exemption.

STATE	REGISTRATION #	STATE	REGISTRATION #	STATE	REGISTRATION #
AK		LA		OK	
AL		MA		OR	
AR		MD		PA	
AZ		ME		RI	
CA		MI		SC	
CO		MN		SD	
CT		MO		TN	
DC		MS		TX	
DE		MT		UT	
FL		NC		VA	
GA		ND		VT	
HI		NE		WA	
IA		NH		WI	
ID		NJ		WV	
IL		NM		WY	
IN		NV			
KS		NY			
KY		OH			