

1651 Atlantic St. Union City, CA 94587 510-293-0101

accounting@baycityscrew.com

Net 30 Credit Application

Company Name:		Office Phone ()		
Business Address:		Cell Phone ()		
Billing Address:		Fax (Fax () E-Mail:		
Shipping Address:		E-Mail:			
City, State, Zip Code:		County:	County:		
Type of Business:		P.O. Required? `	Yes No		
Type of Entity: Individual	Partnership	Corporation	LLC		
Fed. Tax I.D.:		Resale #:			
If your business is located in	MI, FL, or CA, is sales tax	applicable? Yes	No Sometimes		
If sometimes, Please Explain	i				
If not applicable, please inc	lude a copy of your exe	mpt certificate.			
County that your Business is	licensed to:				
# of Years in Business	# Years at Present Lo	ocation Ye	ars of Inc		
Credit ReferencesTRADE	REFERENCES (Please ir	nclude E-mail address	ses)		
Name of Bank		Branch			
Account #	Phone ()	E-mail			
Company:	Acct. #	Phone ()		
Address:					
City, State, Zip:					
Company:	Acct. #	Phone ()		
Address:					
City, State, Zip:		_ E-mail			
Company:	Acct. #	Phone ()		
Address:					
City, State, Zip:					
Company:	Acct. #	Phone ()		
Address:					
City State Zin:		F-mail			

BUSINESS OWNERSHIP		
Officer/Owner Name:	Title:	
Residence		
Address:		
Social Security #:	Driver License #:	State:
Officer/Owner Name:	Title:	
Residence		
Address:		
Social Security #:	Driver License #:	State:
AGREEMENT		
In consideration of BHJ Bay City Screw & E services, applicant agrees:	Bolt Co. granting or continuing to grant a line of credit t	to applicant for general products and/or
BHJ Bay City Screw & Bolt Co. is authorize agencies to complete an evaluation of cred	ed to request any information necessary from banks, t dit history.	rade references and credit reporting
	te of invoice. All purchases are due and payable within up to the highest allowable legal rate. All service char ed.	
BHJ Bay City Screw & Bolt Co. reserves th purchases using a credit account extended	e right to require a signed personal guarantee of payn I by BHJ Bay City Screw & Bolt Co.	nent at any time for any requested
is referred to a collection agency by our off including all collection angency fees, court	Ill its lien rights under California, or any other state law ice, applicant agrees to pay all cost incurred in the coll cost, attorney fees, and any other cost associated with a services by applicant until a new credit agreement is g a credit decision.	lection of any past due account, h attempting to collect a debt.
APPLICANT-MUST BE OWNER O	OR OFFICER	
Signature:	Date:	
Applicant Name (please print)		
Applicant Title (please print)		
one, each of them, jointly and severally, uncond including, but not limited to, payment of all amount indebtedness, which may now or at any time in terms and conditions of this credit agreement or In case of any default in relation to this agreeme but not limited to attorney on denial of any petitic	end credit to the above—named Applicant and in consideration itionally personally guarantees all obligations of the Applicant unts, including invoice amounts, late payment charges, attorned the future may be owing by the Applicant, or any successor the any other agreement. This is an open, unlimited and continuent, Applicant shall pay BHJ Bay City Screw & Bolt Co.'s reason for review. Jurisdiction for any action may, at the sole option ameda County and Applicant consents to such jurisdiction are unal guarantor.	t to BHJ Bay City Screw & Bolt Co. ney fees and costs and any other nereof, to BHJ Products Inc., pursuant to the uing guaranty. sonable attorney fees and costs, including ton of BHJ Bay City Screw & Bolt Co. be the
Signature:	Date:	
Printed Name:		
Signature:	Date:	
Printed Name:		



To	Whom	lt	May	Concern:
----	------	----	-----	----------

Please provide the information requested below so that your invoices are directed to the correct AP person.

All accounting correspondence please E-mail accounting	inting@baycityscrew.com
Company Name	Date:
AP Contact	
AP Telephone	-
AP Email Address	-
Invoice E-mail Address	-
Thanks	
Accounting Department	

California Resale Certificate

	HEREDI CERTIFI:				
1.	. I hold valid seller's permit number:				
2.	2. I am engaged in the business of selling the following type of tangible personal property:				
3.	This certificate is for the purchase fromlisted in paragraph 5 below.	of the item(s) I have [Vendor's name]			
4.	4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form tangible personal property in the regular course of my business operations, and I will do so prior to making ar use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course my business. I understand that if I use the item(s) purchased under this certificate in any manner other than a 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 res	le:			
6.	. I have read and understand the following:				
	6094.5 if the purchaser knows at the time of puuse (other than retention, demonstration, or d certificate to avoid payment to the seller of an	by of a misdemeanor under Revenue and Taxation Code section chase that he or she will not resell the purchased item prior to any splay while holding it for resale) and he or she furnishes a resale mount as tax. Additionally, a person misusing a resale certificate ax is liable, for each purchase, for the tax that would have been 500, whichever is more.			
ΝA	ME OF PURCHASER				
SIG	SNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED	PRESENTATIVE			
PR	RINTED NAME OF PERSON SIGNING	TITLE			
AD	DORESS OF PURCHASER				
TE	ELEPHONE NUMBER	DATE			