



P.O Box 177 Colebrook NH, USA 03576-0177

Tel: 603-237-8188 – Fax: 603-237-5855

To Order: 800-215-8705 – Fax: 800-713-0634

www.kheopsinternational.com – Email: melanie@kheopsinternational.com

Customer Information

Store Name: _____ Phone _____

SHIPPING Add: _____ Fax: _____

City, state, zip: _____ E-mail: _____

Corp. Name: _____ At this address since: _____

BILLING Address: _____ Years in business: _____

City, state, zip: _____ FEDERAL ID (EIN) or Tax payer ID #: _____

Type of business (check at least one): Store front Website Fair Seasonal

? Other store locations. If yes, how many _____ PLEASE ATTACH a list of all your store locations with each phone, fax and resale tax number.

Business is a ? Proprietorship ? Partnership ? Corporation; State of incorporation _____ ? Other _____

Principal Owners or Stockholders

1. NAME: _____ Home Phone: _____

Home address: _____

2. NAME: _____ Home Phone: _____

Home address: _____

Banking Information

Bank Name: _____ Officer: _____

Address: _____ Phone: _____

Account #: _____

BLANKET CERTIFICATE OF RESALE

STATE RESALE TAX CERTIFICATE #: _____

I, undersigned, certify that all material, merchandise, or goods purchased by the store identified above from Kheops International, Inc., after (date) _____ is purchased for the following purpose: ? Resale as tangible personal property; or ? To be exported for sale, use, or consumption outside the continental limits of the United States; or ? Other _____

This certificate shall be considered a part of each order, which we shall hereinafter place provided such order contains our certificate number. This is to continue in force until revoked in writing.

I hereby agree with the terms and conditions of Kheops International, Inc and authorize our bank(s) to release any information necessary to assist in establishing our credit with them. Accepted methods of payment are Credit card, COD check, Pay Pal and/or Net 30 days, unless otherwise stated. Accounts are considered past due if unpaid within thirty days of invoice date, and will be subject to a 1.5% per month finance charge. Any account 90 days past due will be sent to collection.

The Company named herein and the personal guarantor will be held liable for full payment of any unpaid balance of this account. Company and personal guarantor further agree to pay \$25.00 fee for each check returned NSF, and any reasonable fees (min. \$25.00) related to collection for overdue or unpaid accounts, including attorney's fees, fees from collection agencies, and court expenses related to this account. Purchasing company also agrees to submit to a court of competent jurisdiction in State of New Hampshire for all purposes of collection. I, the undersigned, agree to act as personal guarantor for full payment of any unpaid balance of this account.

Printname

Owner or Officer Title

Signature X _____

Date: _____