

Customer Information

Store Name: _____ Phone: _____
Shipping Address: _____ 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 Dun & Bradstreet #: _____
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.

Print name

Owner or Officer Title

Signature X _____

Date: _____