

## 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 #: \_\_\_\_\_

DUN &amp; BRADSTREET # \_\_\_\_\_

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\*

\*\*\*\*\*PROVIDE BANKING INFORMATION ONLY IF APPLYING FOR TERMS OTHER THAN CREDIT CARD\*\*\*\*\*

\*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: \_\_\_\_\_