



GENERAL INFORMATION

| | | | | | |
|-----------------------------------|----------------|--------------------------|----------------|--------------------------|--------------------|
| COMPANY NAME: | | WEBSITE ADDRESS: | | | |
| BILLING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| SHIPPING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| PHONE: | | FAX: | | EMAIL: | |
| <input type="checkbox"/> | CORPORATION | <input type="checkbox"/> | PARTNERSHIP | <input type="checkbox"/> | DIVISON/SUBSIDIARY |
| <input type="checkbox"/> | PROPRIETORSHIP | <input type="checkbox"/> | PARENT COMPANY | | |
| FEDERAL TAX ID# | | RESELLER'S PERMIT# | | | |
| HOW MANY YEARS IN BUSINESS? | | YEARS | | | |
| ANNUAL SALES \$ FISCAL YEAR ENDS: | | | | | |
| PRESIDENT/OWNER: | | CFO: | | | |
| ACCT. REP: | | ACCT. MANAGER: | | | |
| A/P PHONE: | | A/P FAX: | | A/P EMAIL: | |

BUSINESS/TRADE REFERENCES:

Reference #1:

| | | | | | |
|------------------|--|----------------|--|---------------|--|
| COMPANY NAME: | | | | | |
| BILLING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT NAME: | | ACCOUNT SINCE: | | CREDIT LIMIT: | |

Reference #2:

| | | | | | |
|------------------|--|----------------|--|---------------|--|
| COMPANY NAME: | | | | | |
| BILLING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT NAME: | | ACCOUNT SINCE: | | CREDIT LIMIT: | |

Reference #3:

| | | | | | |
|------------------|--|----------------|--|---------------|--|
| COMPANY NAME: | | | | | |
| BILLING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP CODE: | |
| CONTACT NAME: | | ACCOUNT SINCE: | | CREDIT LIMIT: | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless otherwise stated in your contract.
2. Claims arising from invoices must be made within seven working days.
4. There will be a 2% charge to past due invoices per month.
5. I/we certify that the information on this application is true and correct.

The undersigned agrees to pay all collection cost, court cost, and legal fees incurred to collect delinquent balances. Any and all legal filings are agreed to take place in the jurisdiction of the supplier superseding in laws in current affect.

AUTHORIZED SIGNATURE

TITLE

DATE

**** IF YOUR BUSINESS IS A RESELLER TO STATE OF CALIFORNIA, ATTACH YOUR CA STATE RESELLER'S PERMIT AND FILL OUT THE ATTACHED FORM****

IF OUTSIDE CALIFORNIA, PLEASE ATTACH A COPY OF YOUR RESELLERS PERMIT OR LICENSE

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as 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 resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____

 PRINTED NAME OF PERSON SIGNING _____

TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____

() DATE _____



FUSION

4195 CHINO HILLS PKWY, #630, CHINO HILLS, CA 91709

PHONE: (909)393-9450 FAX: (909)606-6834 EMAIL: info@fusionclimb.com

CARD TYPE

VISA

MasterCard

AMEX (3% merchant fee applies to order)

BILLING INFORMATION

Name as it appears on card: _____

Company Name: _____

Card Number: ____ - ____ - ____ - ____

Expiration Date: ____ / ____

Security Code: _____

Billing Address: _____

City, State, and ZIP Code: _____

PAYMENT OPTION

“One time only” charge

Order number: _____

Amount to be charged: _____

“Easy Pay” Option

“Easy Pay” Agreement: This agreement authorizes Fusion Inc. to automatically charge the card provided above against invoices. I understand that my participation in this plan is to remain in effect until canceled in writing by the card holder. I hereby agree that I have fully read and understood the “Easy Pay” agreement terms and conditions and I authorize Fusion Inc. to debit the specified card for payment of Fusion Inc. invoices.

CARD HOLDER SIGNATURE: _____ DATE: _____