



Please Fax to 909-606-6834
or email to info@fusionclimb.com

FUSION CREDIT APPLICATION

GENERAL INFORMATION

COMPANY NAME:		WEBSITE URL:			
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:	

BANK INFORMATION

BANK NAME:					
BANK ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
TYPE OF ACCOUNT:		ACCOUNT NUMBER:			
<input type="checkbox"/>	CHECKING	<input type="checkbox"/>	SAVING	<input type="checkbox"/>	OTHER
BANK REPRESENTATIVE:					
TITLE:		NAME OF REP:			
PHONE:		FAX:		EMAIL:	

BUSINESS/TRADE REFERENCES

Reference #1

COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
CONTACT NAME:		ACCOUNT SINCE:			

Reference #2

COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
CONTACT NAME:		ACCOUNT SINCE:			

Reference #3

COMPANY NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PHONE:		FAX:		EMAIL:	
CONTACT NAME:		ACCOUNT SINCE:			

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 authorizes and releases all banks, persons and companies listed on this application to furnish information and authorize the credit check. 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 WITH THE FORM **
IF OUT OF CALIFORNIA, PLEASE ATTACH YOUR RESALE 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 _____
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