

BELLE  
MEADE  
SIGNATURE

BELLE MEADE SIGNATURE, INC.  
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[www.bellemeadesignature.com](http://www.bellemeadesignature.com)  
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REMIT TO:  
BELLE MEADE  
SIGNATURE, INC.  
C/O CTBC Bank Co., Ltd.  
Attn: Operations Dept.  
521 5<sup>th</sup> Avenue, 11<sup>th</sup> FL  
New York, NY 10175

## CREDIT APPLICATION

Request for Open Account Please check one:  Corporation  Partnership  Proprietorship

ENTITY LEGAL NAME

TRADE NAME

BILLING ADDRESS

SHIPPING ADDRESS

CITY

STATE\ZIP

TELEPHONE

FAX NUMBER

ACCOUNTS PAYABLE CONTACT

PRIMARY SALES CONTACT

DATE BUSINESS STARTED

STATE INCORPORATED

ACCOUNTS PAYABLE EMAIL

SALES CONTACT EMAIL

AMOUNT OF CREDIT REQUESTED

Officers or Owners Names

Home Address and Telephone Number

Trade Credit References

COMPANY NAME

CITY\STATE\ ZIP

TELEPHONE

FAX NUMBER

COMPANY NAME

CITY\STATE\ ZIP

TELEPHONE

FAX NUMBER

COMPANY NAME

CITY\STATE\ ZIP

TELEPHONE

FAX NUMBER

Bank Reference

BANK NAME

BANK OFFICER

ADDRESS

CITY\STATE\ ZIP

THE UNDERSIGNED WARRANTS THE INFORMATION GIVEN TO BE TRUE. BELLE MEADE SIGNATURE, INC. IS AUTHORIZED TO INVESTIGATE THE REFERENCES, STATEMENTS, BANK REFERENCES, AND ALL DATA OBTAINED FROM MY COMPANY OR FROM ANY PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. ALL CHARGES ARE DUE AND PAYABLE BASED UPON TERMS ON INVOICE. LATE PAYMENT CHARGES PLUS COLLECTION FEES WILL BE ADDED TO ANY BALANCE NOT PAID TIMELY.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS.

BY

OFFICER

DATE

**PLEASE INCLUDE COPY OF RESALE CERTIFICATE WITH CREDIT APPLICATION**  
**NO ORDER WILL BE SHIPPED UNTIL RECEIPT OF RESALE CERTIFICATE.**



## UNIFORM SALES & USE TAX CERTIFICATE - MULTIJURISDICTION

The below-listed states have indicated this form of certificate is acceptable, subject to the notes on pages 2 – 4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under law in each state, as these may change from time to time.

Issued to Seller: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that: \_\_\_\_\_ is engaged as a registered

Name of Firm (Buyer): \_\_\_\_\_ Wholesaler \_\_\_\_\_  
 \_\_\_\_\_ Retailer \_\_\_\_\_

Address \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 \_\_\_\_\_ Seller (California) \_\_\_\_\_  
 \_\_\_\_\_ Lessor (see notes on \_\_\_\_\_  
 \_\_\_\_\_ Pages 2 – 4 \_\_\_\_\_  
 \_\_\_\_\_ Other (Specify) \_\_\_\_\_

And is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service (1) to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller:

\_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>2</sup>	_____	MN <sup>12</sup>	_____
AR	_____	MO <sup>13</sup>	_____
AZ <sup>22</sup>	_____	NE <sup>4</sup>	_____
CA <sup>3</sup>	_____	NV	_____
CO <sup>1</sup>	_____	NJ	_____
CT <sup>4</sup>	_____	NM <sup>1,15</sup>	_____
DC <sup>5</sup>	_____	ND	_____
FL <sup>13</sup>	_____	OK <sup>16</sup>	_____
GA <sup>6</sup>	_____	RI <sup>17</sup>	_____
HI <sup>1,7</sup>	_____	SC	_____
ID	_____	SD <sup>18</sup>	_____
IL <sup>1,8</sup>	_____	TN	_____
IA	_____	TX <sup>19</sup>	_____
KS	_____	UT	_____
KY <sup>24</sup>	_____	VT	_____
ME <sup>9</sup>	_____	WA <sup>20</sup>	_____
MD <sup>10</sup>	_____	WI <sup>21</sup>	_____
MI <sup>11</sup>	_____		

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificates shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_