

TANIGUCHI INK CORPORATION OF AMERICA
600 Lunar Ave, Suite B Brea, CA 92821
Tel. (714) 529-1000, Fax (714) 529-1009
APPLICATION FOR CREDIT

COMPANY INFORMATION:

LEGAL BUSINESS NAME _____

BUSINESS ADDRESS STREET CITY STATE ZIP

BUSINESS TELEPHONE BUSIENSS FAX

PURCHASING AGENT: _____ FEDERAL TAX I.D. NUMBER: _____

HOW LONG AT THIS ADDRESS _____ RESALE NUMBER: _____

CORPORATION INFORMATION:

TYPE OF BUSINESS: _____ ESTABLISHED IN: _____

CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____ STATE CORPORATION: _____

OFFICERS, PARTNERS OR OWNERS:

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER/EXT.</u>
1) _____	_____	_____
2) _____	_____	_____

BANK REFERENCES: (PLEASE ENCLOSE A COPY OF A CURRENT FINANCIAL STATEMENT IF AVAILIABLE)

<u>NAME</u>	<u>CITY/ STATE</u>	<u>ACCOUNT NUMBER</u>	<u>PHONE NO.</u>	<u>FAX NO.</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

TRADE REFERENCES:

<u>NAME</u>	<u>CITY/ STATE</u>	<u>CONTACT</u>	<u>PHONE NO.</u>	<u>FAX NO.</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, AND WILLINGNESS TO PAY ALL INVOICES IN FULL; IN ACCORDANCE WITH TANIGUCHI INK'S PRICING STRUCTURE.

DATE: _____ SIGNATURE: _____ TITLE: _____

TANIGUCHI INK CORP. OF AMERICA
600 Lunar Ave, Suite B Brea, CA 92821
Tel. (714) 529-1000, Fax (714) 529-1009

Authorization to Release Bank Information

Date: _____

Company Name: _____

Mailing Address: _____

Thank you for your interest in opening an account with us. In order for us to obtain credit information from your bank, we will need your authorization for the bank to release the information.

Please have the person authorized to sign on the bank account fill out this form and indicate the address below.

Bank Name: _____

Mailing Address: _____

Bank Account No.: _____

Authorized Signature

Print Officers' Name and Title

Second Signature (If necessary)

Sincerely,

TANIGUCHI INK CORP. OF AMERICA
Credit Department

GENERAL RESALE CERTIFICATE
BOARD OF EQUALIZATION

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 **Taniguchi Ink Corporation of America** of the item(s) I have listed in paragraph 5 below.
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.

Date: _____

Signature of Purchaser or Authorized Agent

Phone No.: _____

Printed Name of Person Signing

Title of Person Signing