



CREDIT APPLICATION

Please fax completed application to (323) 582-5835 or email to jmartinez@sonsray.com

In order to establish an open account with **SONSRAY MACHINERY LLC.**, we must have the following information. Please ensure all questions are answered to avoid delays.

Company Legal Name _____ Telephone # : _____
D.B.A. _____ Fax # : _____
*Billing Address _____ Shipping Address _____
City _____ State _____ Zip Code _____ City _____ State _____ Zip _____

Type of Business: _____
Years in Business: _____ Years at Present Location: _____
Resale Number: _____ Dun & Bradstreet Number: _____

(Please attach a signed resale card)

Corporation _____ Partnership _____ Sole Proprietorship _____ LLC _____

Principals of the Company:

Name: _____ Title: _____
Home Address: _____
Home Telephone #: () _____ Social Security #: _____

Name: _____ Title: _____
Home Address: _____
Home Telephone #: () _____ Social Security #: _____

Has credit previously been extended by **SONSRAY MACHINERY LLC./CASE POWER** to this establishment under another name? If so, what name?

Expected credit limit\$ _____

* Is a purchase order required? _____

* Person who will authorize purchases or repairs: _____

Accts Payable Contact Info

Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

Email _____ Fax # _____

*Trade References: (Please furnish 4 COMPLETE addresses)

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Fax # _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Fax # _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Fax # _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Fax # _____

Bank References (Please furnish complete address and account number)

Bank _____ Account # _____

Address _____

Phone Number: _____ Contact: _____

Fax Number: _____

Bank _____ Account # _____

Address _____

Phone Number: _____ Contact: _____

Fax Number: _____



Payment terms are NET 30 days. Because of the additional expense to us in handling delinquent accounts, a service charge of 1-1/2% per month (18% per annum) will be charged on past due accounts.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sale. The above information is for the purpose of obtaining credit and is warranted to be true.

I/We hereby authorize the firm to whom this application is made to investigate the references listed and access credit reporting pertaining to my/our credit and financial responsibility. I/We agree to be responsible for all debts, collection, attorney fees and finance charges incurred by **SONSRAY MACHINERY LLC**.

Signature_____Date_____

Print name_____Title_____

(Must be signed by an officer of the company)

* If applicable

BOE-230 (7-02) GENERAL RESALE CERTIFICATE	California Resale Certificate	STATE OF CALIFORNIA BOARD OF EQUALIZATION
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. (Vendors 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 _____		