



**ATLANTIC PACIFIC INDUSTRIES**  
Quality Decorative and Functional Hardware Since 1967

## **Account Application**

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Please fill out all general information. Also please let us know who is authorized to place orders and who we should contact for accounting issues.	

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Inform us how you would like to be invoiced, billed. The credit portion is only required if you would like to establish a line of credit with Atlantic Pacific.	

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This is required if you conduct business in the state of California. If you are a customer that operates outside of the state of California this is not required. A resale number is still appreciated though.	

Upon completion of the application please submit either by fax **(323)766-8866** or by email **[sales@atlanticpacificind.com](mailto:sales@atlanticpacificind.com)**

Please allow up to five business days for processing. We will notify you of account/credit status upon completion of processing and will send all relevant account and credit information for review and confirmation.

Please contact us with any questions.

# General Information

The following information must be provided. It will be held in the strictest confidence.

General Info			
Company Name		Phone	
		Fax	
Approx. Annual Sales		# of Employees	Sq Ft of Space
		# of Skus Stocked	
Store Type		Target Customer(s)	
Retail Hardware Store		Current Cabinet Hardware Vendor(s)	
Kitchen & Bath Showroom			
OEM			
Distributor			
Builder			
Other:			
Billing Address		Shipping Address	
Address		Address	
City		City	
State	Zip	State	Zip

In order to insure a smooth communication we ask that you identify the key contacts at your business. Authorized buyers are people who you authorize to place orders on your account. Accounting contacts are people who we should contact in case of a billing question.

Authorized Buyers			
Name	Job Title	Phone Ext.	Email
Accounting Contacts			
Name	Title	Phone Ext.	Email

# Authorization/Billing Form

## Billing Options

We are setup to bill through Ace, True Value, and Do-It-Best Hardware. If you are affiliated we encourage you to setup your billing through your Co-Op, this automatically establishes credit and streamlines the billing process.

To establish credit independently of your Co-Op, please fill out the bottom portion of this form. Credit is not required if you Will-Call, COD, or Prepay for all of your purchases.

<b>Choose a Billing Option</b>		
Directly	COD	
Co- p/Corporate Account	Affiliation:	Store ID:
<b>Choose an Invoicing Method</b>		
Mailed Statement		
Included With Shipment		
E-mailed	E-mail Address:	
Faxed	Fax #:	

## Credit Info - Only nesscecery if applying for credit

<b>Names of Owners, Partners or Officers</b>			
Name	Title	SS# or DL#	Address/Phone

<b>Trade References</b>		
Name	Phone/Fax	Address

<b>Banking Info</b>		
Bank Name/Branch	Phone #	Acct Num

<b>Building Info</b>		
Owned	If Leased	Owner's Name
Leased		Phone
Monthly Mortgage or Lease Payment		Address

### 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 Atlantic Pacific Industries 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 \_\_\_\_\_  
(     )

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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Name

Date

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Signature