

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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Spique Creative, LLC. 769 Pinefalls Avenue Walnut, CA 91789
909.869.7303 phone 909.869.7343 fax

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:
Company name:
Phone: Fax: E-mail:
Registered company address:
City: State: ZIP Code:
Date business commenced:
Sole proprietorship: Partnership: Corporation: Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:
City: State: ZIP Code:
How long at current address?
Telephone: Fax: E-mail:
Bank name:
Bank address: Phone:
City: State: ZIP Code:
Type of account Account number
Savings
Checking
Other

BUSINESS/TRADE REFERENCES

Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:
Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:
Company name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Spique Creative to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Title:
Date: Date: