



**EXPRESS IMPORT INC**

Date \_\_\_\_\_

**DEALER INFORMATION**

Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Shipping Address (if different) : \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ How long at present

Agent of Service: \_\_\_\_\_ location? \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_

Federal ID# : \_\_\_\_\_ Tax Resale # : \_\_\_\_\_

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporations \_\_\_\_\_ Years EST: \_\_\_\_\_

Are purchase orders required? Yes \_\_\_\_\_ No \_\_\_\_\_

**Authorized Signature**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

Office & Showroom  
6902 E. 11<sup>th</sup> St. Tulsa, Oklahoma 74112  
Phone: (918) 664-8888 Fax: (918) 664-8891

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Date Opened: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

ACCT#: \_\_\_\_\_ Fax #: \_\_\_\_\_

The undersigned herewith declares and will assume personal liability that purchaser is a solvent business, and can and will pay its debts as they become due. The undersigned understand that all invoices are payable on or before the due date as shown on each invoice. If not paid on or before the due date, the account is delinquent invoices are subject o the maximum interest rate that is permitted by law. The undersigned also agrees to pay such additional collection cost, charges and expenses including all reasonable attorney fees and commissions if the account is placed for collection. The undersigned further agrees and accepts the credit policy as stated.

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

Print Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

**BLANKET CERTIFICATE OF EXEMPTION**

Name of Purchaser: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I certify that all tangible personal property purchased from Express Imports, Inc. unless otherwise indicated on the purchase order, is not subject to any Sales or Use Tax by reason of the following intended uses:

It is purchased for resale in the same form.

It is purchased to become an ingredient or component part of or be incorporated into, used or consumed in a manufactured, processed or fabricated product or tangible property produced ultimately for resale.

This certificate shall continue in force until revoked and shall be considered a part of every order given to Express Imports, Inc. unless the order is specific to the contrary.

Sales Tax Exemption Number: \_\_\_\_\_

Signature of Purchaser: \_\_\_\_\_

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