



**Xpress Yourself!**

2980 Enterprise Street • Brea, CA 92821-6283

Email: sales@gopwsproducts.com | Toll Free: 800.582.8288 | Fax: 800.590.8311

## CUSTOMER APPLICATION

Business Name:		Trade Name/DBA:		Website:	
ASI / PPAI Distributor: ( ) Yes ( ) No		ASI No. :		PPAI No. :	
Contact Name:	Phone:	Fax:	Email:		
Current Address:		City:		State:	Zip:
Fed ID/SSN#	Reseller No.		Yrs Established:		No. of Emp:
Annual Sales: \$		Est. Monthly Purchases: \$		AP Contact: _____ A/P Phone No. (____)_____ - _____ A/P Email: _____	

**How did you hear about us?** ☐ ASI ☐ PPAI ☐ SAGE ☐ UPIC ☐ Other \_\_\_\_\_

**Would you like email invoices? If so who can they be sent to?** \_\_\_\_\_

☐ Prepay Terms (you are not required to complete the below bank & trade information)

\*All orders must be paid prior to shipping. You will be provided a credit authorization form with your order \*

<b>To apply for Net 30 terms, please complete the below (first order will be prepaid while terms are being reviewed for approval)</b>			
Standard terms are Net 30		Credit Line Request: \$	
<b>Bank Reference</b>			
Bank Name:			
Contact Person:	Phone:	Fax:	
Checking Acct No.		Saving Acct No.	
<b>Trade Reference</b>			
Company Name:	Fax:	Phone:	
Contact Person:	Account No.		
Company Name:	Fax:	Phone:	
Contact Person:	Account No.		
Company Name:	Fax:	Phone:	
Contact Person:	Account No.		

**\*Approval for terms process is between 1-2 weeks and not applicable on first time orders.\***

I/we hereby apply for credit and affirm solvency, financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information, trade information and bank references is warranted to be true and complete. I/we agree to pay all costs of collection & litigation on this account in accordance with the laws of the jurisdiction venue of the supplier's discretion. We, the undersigned, hereby authorize the listed Bank references and Trade References to disclose all detail necessary to enable PWS use to establish an open account. By signing this application you will automatically be subscribed to our email list.

Signature of a corporate officer:

Date:



## Resale Exemption Certificate

☐ I have a valid Resale Certificate in one of the below states (**Check all that apply**):

CA CO GA HI IL ME MI MN NC SC TN WA WI

### I HEREBY CERTIFY:

1. I hold valid seller's permit number: \_\_\_\_\_ State: \_\_\_\_\_
2. I am engaged in the business of selling the following type of tangible personal property:  
\_\_\_\_\_
3. This certificate is for the purchase from **PWS** of item(s) 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) 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: **BAGS, PLASTIC OR PAPER, ARTWORK, DIES, SCREENS, PLATES, PRINTING AIDS, PACKAGING, RIBBONS, BOWS**
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.

Business Name:	
Signature of Purchaser or Authorized Representative:	
Printed Name of Person Signing:	Title:
Address of Purchaser:	
Telephone Number:	Date:

**\*If this order is delivering to one of these states and we do not have a resellers certificate on file, the order is subject to all applicable state and county tax.\***

EMAIL BACK TO: [accounting@gopwsproducts.com](mailto:accounting@gopwsproducts.com) or fax 714-572-6747