

HBI

INTERNATIONAL

STREET ADDRESS: 3315-B W. BUCKEYE RD, PHOENIX, AZ 85009

PHONE: (800) 420-4372 FAX: (800) 568-2553

COMMERCIAL CREDIT

APPLICATION

(PLEASE TYPE OR PRINT CLEARLY. PLEASE COMPLETE BOTH PAGE.)

BUSINESS INFORMATION	LEGAL REGISTERED NAME			OFFICE USE ONLY ACCOUNT NO. _____ TERMS: _____ CONDITIONS: _____	
	TRADE NAME OR STYLE (DBA)				
	STREET ADDRESS CITY STATE ZIP			MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP	
	TELEPHONE NUMBER	FACSIMILE NUMBER	PERSON TO CONTACT REGARDING OUR INVOICES		
	IDENTIFICATION NUMBERS				
	FEDERAL EMPLOYERS No.	STATE GENERAL EXCISE TAX No.	DUNS No.	OTHER: _____	
	BUSINESS STRUCTURE				
	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER: PLEASE DESCRIBE				
	DATE YOU STARTED OR ACQUIRED THIS BUSINESS	DATE ORIGINALLY STARTED, IF ACQUIRED	AT THIS LOCATION SINCE:	LOCATION IS: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED IF NOT OWNED, NAME OF LANDLORD.	
	NAME, ADDRESS AND TELEPHONE OF YOUR PARENT CO, IF YOU ARE A SUBSIDIARY.			PHONE NO. _____	
DESCRIBE THE NATURE OF YOUR BUSINESS.					
PRINCIPALS <small>Owner, Partners, Officers</small>	TITLE	FULL NAME	RESIDENCE ADDRESS	SOC. SEC. No.	INTEREST IN BUS. %
	1				%
	2				%
	3				%
	4				%
REFERENCE <small>Bank Account Nos. Required</small>	BANK NAME	PHONE NO. & CONTACT	ADDRESS OR BRANCH	CHECKING ACCT NOS.	LOAN ACCT NOS.
	1				
	2				
	TRADE SUPPLIER NAME	PHONE NO. & CONTACT	ADDRESS	TERMS	PRODUCTS OR SERVICES PROVIDED
	1				
	2				
	3				
	4				
CREDIT AGREEMENT & TERMS	I (WE) AGREE: 1. CREDIT TERMS: ALL PAYMENTS SHALL BE RECEIVED BY HBI INTERNATIONAL NO LATER THAN 30 DAYS FROM EACH INVOICE'S DATE. 2. TO PAY EACH MONTH A LATE CHARGE EQUAL TO 1% PER MONTH ON ALL AMOUNTS PAST DUE. 3. TO PAY ANY AND ALL COSTS INCURRED BY HBI INTERNATIONAL IN COLLECTION OF DELINQUENT ACCOUNTS. 4. TO NOTIFY HBI INTERNATIONAL OF ANY CHANGES IN OUR OWNERSHIP, OFFICERS AND/OR AUTHORIZED PURCHASERS AND 5. BY APPLYING FOR THESE TERMS I (WE) AGREE AND ACKNOWLEDGE OUR CONSENT TO THE LAWS OF ARIZONA AND THE JURISDICTION OF MARICOPA COUNTY SUPERIOR COURT, ARIZONA, AND WAIVE ANY AND ALL OBJECTIONS TO CHOICE OF LAWS, PERSONAL JURISDICTION AND VENUE. I (WE) HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. THE INFORMATION INCLUDED IN THIS CREDIT APPLICATION IS FOR THE USE OF HBI INTERNATIONAL IN DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. I UNDERSTAND THAT HBI INTERNATIONAL MAY ALSO UTILIZE THE OTHER SOURCES OF CREDIT INFORMATION LISTED IN THIS CREDIT APPLICATION TO RELEASE THE INFORMATION NECESSARY TO ASSIST HBI INTERNATIONAL IN ESTABLISHING MY ACCOUNT.				
	SIGNED: _____				
DATE: _____ PRINT NAME: _____ TITLE: _____					

PERSONAL GUARANTY <small>May be required to obtain credit</small>	<p>IN ORDER TO INDUCE HBI INTERNATIONAL INTO EXTEND CREDIT TO _____ (PRIMARY DEBTOR), THE UNDERSIGNED(S), JOINTLY AND SEVERALLY, UNCONDITIONALLY GUARANTY THE PAYMENT OF ALL SUMS OF MONEY ON DEMAND, AS ARE NOW, OR HEREAFTER OWING HBI INTERNATIONAL FROM THE PRIMARY DEBTOR, AND FOR WHICH THIS SHALL BE A CONTINUING GUARANTY. THE UNDERSIGNED HEREBY ALSO WAIVE NOTICE OF DEFAULT, PRESENTMENT, DEMAND OF PAYMENT AND NOTICE OF NON-PAYMENT, PROTEST AND NOTICE OF PROTEST AND CONSENT TO SUBSTITUTE, CHANGE OR WITHDRAWAL OF SECURITIES OR MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED, WITHOUT NOTICE, AND TO EXTENSIONS OF TITLE FOR PAYMENT WITHOUT NOTICE.</p> <p>DATE _____ GUARANTOR _____ (INDIVIDUALLY) S.S. No. _____</p> <p>PRINT NAME _____ HOME ADDRESS _____ PHONE: _____</p> <p>DATE _____ GUARANTOR _____ (INDIVIDUALLY) S.S. No. _____</p> <p>PRINT NAME _____ HOME ADDRESS _____ PHONE: _____</p>
PURCHASING INFORMATION <small>Required information - Please complete</small>	<p>DO YOU USE PURCHASE ORDERS? <input type="checkbox"/>YES <input type="checkbox"/>NO IF YES: <input type="checkbox"/>WRITTEN ONLY <input type="checkbox"/>WRITTEN & VERBAL <input type="checkbox"/>VERBAL ONLY _____</p> <p>Estimated Purchases: Monthly \$ _____ Annually \$ _____</p> <p>Peak months of purchase: <input type="checkbox"/>None, as needed <input type="checkbox"/>Jan <input type="checkbox"/>Feb <input type="checkbox"/>Mar <input type="checkbox"/>Apr <input type="checkbox"/>May <input type="checkbox"/>Jun <input type="checkbox"/>Jul <input type="checkbox"/>Aug <input type="checkbox"/>Sep <input type="checkbox"/>Oct <input type="checkbox"/>Nov <input type="checkbox"/>Dec</p> <p>WE WILL BE PRIMARILY PURCHASING TOBACCO: <input type="checkbox"/>CIGARS/BLUNTS <input type="checkbox"/>PAPERS/ROLL YOUR OWN <input type="checkbox"/>ACCESSORIES SCALES: <input type="checkbox"/>PORTABLE <input type="checkbox"/>INDUSTRIAL <input type="checkbox"/>COMMERCIAL</p> <p>DESCRIBE ANY "OTHER" SPECIAL NEEDS: _____</p> <p>PURCHASES WILL BE FOR RESALE: <input type="checkbox"/>YES <input type="checkbox"/>NO IF YES, PLEASE COMPLETE THE RESALE CERTIFICATE AND LETTER OF RESALE AGREEMENT.</p> <p>AUTHORIZED PURCHASERS (NAME & TITLE): _____</p> <p>_____</p>
RESALE CERTIFICATE & LETTER OF RESALE TAX AGREEMENT	<h3>RESALE CERTIFICATE</h3> <p>(IN LIEU OF FORM 5000)</p> <p>TO HBI INTERNATIONAL (SELLER) DATE OF THIS CERTIFICATE _____</p> <p>THE UNDERSIGNED HEREBY CERTIFIES, PURSUANT TO SECTION 42-5022 (F) OF THE GENERAL EXCISE TAX LAW, CHAPTER 42, ARS, AS AMENDED, AND TITLE 5000 RULES OF THE DIRECTOR OF TAXATION RELATING TO RESALE CERTIFICATES AND SALES AT WHOLESALE:</p> <p>THE PURCHASER IS THE HOLDER OF RESALE / USE IDENTIFICATION NO. _____ UNDER THE GENERAL EXCISE TAX LAW. THAT THE NATURE AND CHARACTER OF THE PURCHASER'S BUSINESS IS _____</p> <p>THAT UNTIL THIS CERTIFICATE IS REVOKED BY NOTICE IN WRITING IT SHALL APPLY TO ALL SALES OF TANGIBLE PERSONAL PROPERTY WHICH THE PURCHASER SHALL PURCHASE FROM THE SELLER NAMED ABOVE, EXCEPT THOSE ORDERS AS TO WHICH THE PURCHASER SHALL SPECIFY BY NOTICE IN WRITING THAT THIS CERTIFICATE DOES NOT APPLY. THAT ALL OF THE SALES OF TANGIBLE PERSONAL PROPERTY TO WHICH THIS CERTIFICATE APPLIES SHALL BE SALES AT WHOLESALE AS PROVIDED BY SECTION 42-5022, ARIZONA REVISED STATUTES.</p> <p>_____ of purchaser _____ address of purchaser name</p> <p>(type of organization, e.g., corporation, partnership, individual) _____ (signature of person signing for the purchaser, and title, or source of authority)</p>
OFFICE USE	<p style="text-align:center; font-size: 1.2em; font-weight: bold;">WE WANT TO THANK YOU FOR YOUR BUSINESS!! WE STRIVE FOR YOUR COMPLETE SATISFACTION!</p> <p>SALES EXECUTIVE _____ No. _____</p> <p>CREDIT REQUESTED \$ _____</p> <p><input type="checkbox"/>Code No. _____ <input type="checkbox"/>Approved By _____ CL _____</p> <p>_____ Date _____ By _____ CL _____ Date _____ By _____</p> <p>CL _____ Date _____ By _____ CL _____ Date _____ By _____</p> <p>CL _____ Date _____ By _____ CL _____ Date _____ By _____</p> <p>Account No: _____</p>