

COMMERCIAL BUSINESS ACCOUNT INFORMATION

Company Name (d.b.a.): _____
 Billing Address: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: (____) _____ Fax #: (____) _____
 Duns # : _____ Web/Email Address: _____

Ownership: Year Business Established: _____ Years Under Present Management: _____
 (_) Sole Proprietorship (_) Partnership (_) Corporation (_) LLC (_) Subsidiary of _____
 Business License # _____ Tax I.D # _____ Resale Certificate # _____

Names of Principals, Titles & Addresses:

1. _____ Social Security # _____ Title _____
 Home Address: _____ Phone #: (____) _____
 2. _____ Social Security # _____ Title _____
 Home Address: _____ Phone #: (____) _____

Terms:

This information is solely used to set up a customer account with Anthony on credit card or CIA terms. **This is not an application for credit terms.** Any misrepresentation in the information provided will be considered evidence of fraud. The undersigned warrants that the information submitted is true and correct. Said business fully understands terms and conditions of sale as shown on our invoices which supersede all agreements previously made on purchase orders submitted to and accepted by Anthony. Sales tax will be charged to the account if a resale certificate is not supplied on the company's behalf. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this commercial business account information on behalf of the business identified.

Signature: _____ Title: _____ Date: _____
 (Owner/Officer)

Signature: _____ Title: _____ Date: _____
 (Owner/Officer)

** PLEASE TYPE OR PRINT ALL INFORMATION / PLEASE PROVIDE ALL PHONE & FAX NUMBERS**

Please fax back to:
 Credit Department
 818-365-6196

Or Email to:
credit@anthonyintl.com

ANTHONY INTERNATIONAL



**SALES TAX RULES AND REGULATIONS
RESALE CERTIFICATE**

Firm Name: _____

I hereby certify, that I hold a valid seller's permit No. _____ for the state of _____ issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling:

Or,
I certify that I do not have nexus in the state of _____, therefore am not required to register as a retail merchant in this state.

The tangible personal property described herein which I shall purchase from:

Anthony and Subsidiaries

will be resold by me in the form of tangible personal property: Provided however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

Date: _____ Print Name: _____

Address: _____ Signature: _____

_____ Title: _____

Phone: (____) _____

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