



2475 PASEO DE LAS AMERICAS 1055  
SAN DIEGO CA 92154  
PH (951) 667-7182 FAX (619) 839-3697

Dear Customer,

We want to first welcome you to Logicaaz. Thank you for considering our company for your MRO solutions.

The following is our credit application. Please complete all sections of the application. If your company is exempt of sales tax please also forward a completed exemption certificate. You may return both forms via fax to (619) 839-3697, or if you prefer E-mailing it to your salesperson.

Please know that we must verify the information you have given us. If you need an immediate order we accept checks, Visa, MasterCard, American Express and bank transfers. Once your Credit has been established our terms are set forth in credit application unless otherwise negotiated by salesperson.

Thank you and once again, *Welcome!*

Best Regards,

Accounting Department  
Logicaaz - Industrial Supply  
[accounting@logicaaz.com](mailto:accounting@logicaaz.com)  
[www.logicaaz.com](http://www.logicaaz.com)



**BUSINESS INFORMATION**

Company name:

Authorized Agent:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Purpose of Purchase: End Use  Resale  \*For Resale please fill RESALE CERTIFICATE

**SHIPPING INSTRUCTIONS**

Ship to Address:

City:

State:

ZIP Code:

Prepay and add

Use my account

Carrier Name:

Account number:

Special instructions:

**ACCOUNTS PAYABLE CONTACT INFORMATION**

Name:

Phone:

Fax:

E-MAIL:

**PAYMENT METHOD**

NET 30 (Fill out Credit Application attached)

Credit Card (3.5% processing fee)

Wire Transfer (\$35.00 fee)

**NOTES:**



# CREDIT APPLICATION

## BUSINESS CONTACT INFORMATION

Company name:			
Authorized Agent:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Tax ID:			
Sole proprietorship:	Partnership:	Corporation:	Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			

## BUSINESS/TRADE REFERENCES

Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

## Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Logicaaz. To make inquiries into the banking and business/trade references that you have supplied.
4. All Credit card Transactions will have a 3.5% processing fee
5. All Wire Transfers will have a \$35.00 Fee

## AUTHORIZED SIGNATURES

Date: Printed Name: Title:	Date: Printed Name: Title:
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## 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