



SPECTRAJET CREDIT APPLICATION

Please fill out all three pages of this form and mail to:
Spectrajet Inc., 10990 Byron Ct, Woodstock, IL. 60098 | Ph 847-669-9094
or Fax to: 847-669-0666

Firm Name: _____

Phone: _____ Fax: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Please Check One: Individual Partnership Corporation

Principals' Names

President: _____

Treasurer: _____

Local Manager: _____

Buyer: _____

Lessor or Mortgage Holder: _____

Address: _____

Phone Number: _____ Account Number: _____

If Individual or Partnership, Social Security Number: _____

Owner Name(s): _____

Home Address: _____

Phone: _____

Corporation - State Incorporated: _____ Date of Incorporation: _____

Parent Company Name and Address: _____

Date Business Started: _____ Purchase Order Required: _____

Federal Tax ID Number: _____ State Sales Tax Number: _____

Are purchases tax exempt? Yes No

If yes, a signed Exemption Certificate must be attached.

P.O./Billing Instructions: _____

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Bank Reference

Bank Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Fax Number: _____
Checking Account Number: _____ Loan Account Number: _____
Revolving Loan Account Number: _____

Trade Reference - 1

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Fax Number: _____
Account Number: _____ Contact: _____

Trade Reference - 2

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Fax Number: _____
Account Number: _____ Contact: _____

Trade Reference - 3

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Fax Number: _____
Account Number: _____ Contact: _____

If you provide a standard credit and/or reference sheet, an authorized signature is still required on the application.
A \$30.00 fee will be charged for any customer checks which are returned for non-sufficient funds or are dishonored for any reason.
Management will charge for inventory returned within 14 days by the undersigned at a rate of \$35.00 per roll or 25% of the order (whichever is greater). No returns will be accepted without prior approval.
The undersigned has not filed for or been the subject of a bankruptcy as a company or as an individual. If this is not true, give the type and date of the bankruptcy _____.
The undersigned agrees to notify SpectraJet of changes in name, ownership, address, or in legal entity.
If you are requesting more than \$10,000 credit, please attach a current Financial Statement (balance sheet and income statement) with your application.
All orders will be provided on a C.O.D. basis until credit is approved. The undersigned acknowledges that SpectraJet's extension and maintenance of credit to the undersigned is at SpectraJet's sole discretion. The undersigned acknowledges SpectraJet's payment terms to be: All accounts are due and payable according to the terms stated on the invoice; and agree to remit payment in accordance therewith.
Acknowledgement of Responsibility: In order to induce SpectraJet to provide credit to the applicant firm, and in consideration of such credit being extended, the applicant firm agrees that in the event credit is issued pursuant to this application is not repaid in accordance with the terms, the applicant firm agrees to reimburse SpectraJet for all costs, expenses, charges and fees expended by SpectraJet in effecting collection, including by way of illustration - collection agents fees, attorneys' fees, filing fees, etc., together with the interest on the amount due at a rate of 18% per annum compounded monthly or at the highest rate permissible by law whichever is less.

Name of Company (please print or type): _____
Signature of President, VP., Owner, Controller, or other Authorized individual and title:
Signature _____ Title _____ Date _____

UNIFORM SALES & USE TAX CERTIFICATE - MULTIJURISDICTIONAL

The below listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: **SpectraJet** Address: 10990 Byron Court, Woodstock, IL 60098

I certify that: (name of Company) _____

Address: _____

is engaged as a registered ___ Buyer ___ Wholesaler ___ Retailer ___ Manufacturer ___ Seller (California) ___ Other (specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing, (renting), and the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL	_____	MO	_____
AR	_____	NE	_____
AZ	_____	NV	_____
CA	_____	NJ	_____
CO	_____	NM	_____
CT	_____	NC	_____
DC	_____	ND	_____
FL	_____	OH	_____
GA	_____	OK	_____
HI	_____	PA	_____
ID	_____	RI	_____
IL	_____	SC	_____
LA	_____	SD	_____
KS	_____	TN	_____
KY	_____	TX	_____
ME	_____	UT	_____
MD	_____	VT	_____
MI	_____	WA	_____
MN	_____	WI	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer) Title: _____ Date: _____