



Since 1996

**ALSTON INC.**

*Quality . Beauty . Longevity .*<sup>TM</sup>

## ACCOUNTS INFORMATION SHEET

Please Check One:

☐ NEW ACCOUNT

☐ UPDATE EXISTING ACCOUNT

Please provide us with the following information:

### COMPANY INFORMATION:

**COMPANY NAME:** \_\_\_\_\_

**D.B.A.** \_\_\_\_\_

**FED TAX ID:** \_\_\_\_\_ **RESALE NO.:** \_\_\_\_\_  
(Please provide a copy of your sellers permit)

**CONTRACTORS LICENSE #:** \_\_\_\_\_ **Please attached Copy**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TEL NO.:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX NO.:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CONTACT PERSON(s):** \_\_\_\_\_

### BILLING INFORMATION (If different from above):

**Billing Contact Person:** \_\_\_\_\_

**Billing Email Address:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TEL NO.:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX NO.:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Send Completed Form:

**Email to:** [Credit@alstoninc.com](mailto:Credit@alstoninc.com)

**Fax completed form to:** (909) 287-0698

**Mail completed form to:** Alston, Inc.  
Attn: New Accounts  
21491 Ferrero Pkwy  
City of Industry, Ca 91789

If you have any questions please call us at (909) 287-0668.

**ALSTON INCORPORATED**

21491 Ferrero Pkwy • City of Industry, CA 91789 • U.S.A. • Tel (909) 287-0668 • Fax (909) 287-0698  
[www.AlstonFlooring.com](http://www.AlstonFlooring.com) [www.AlstonInc.com](http://www.AlstonInc.com) [www.AlstonCarvings.com](http://www.AlstonCarvings.com)



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## **Credit Release Authorization**

Dear Customer:

Thank you for requesting credit with **ALSTON INC.**

Please sign this form and return with a completed credit application to the following address:

**ALSTON INC.**

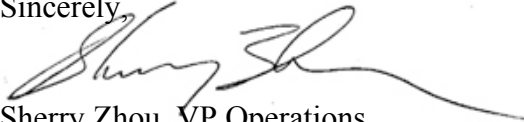
**21491 Ferrero Pkwy  
City of Industry, CA 91789**

**Tel: (909) 287-0668 Fax: (909) 287-0698**

This will enable us to obtain the necessary information from your references and expedite setting up your company account. Please note that this signed form will be copied and sent to all of the references you have provided us. The person signing this application certifies all of the information is true and correct. This information will be kept in strict confidence.

Should you have any questions, please contact us at (909) 287-0668.

Sincerely,



Sherry Zhou, VP Operations

Please consider this authorization to release any necessary information to ALSTON INC. for the establishment of credit with our company.

Company Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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## CREDIT APPLICATION

DATE \_\_\_\_\_

Name of *SALES REP.* \_\_\_\_\_

NAME OF BUSINESS:	TELEPHONE #
ADDRESS, CITY ZIP	FAX #
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	RESALE # or Pay Tax at Source
BUSINESS ENTITY IS A <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER _____ Fed Tax ID: _____	

Date Incorporated/Started \_\_\_\_\_ State \_\_\_\_\_ Estimated Annual Sales\$ \_\_\_\_\_

**NAME(S) OF CORPORATE OFFICER(S), PARTNER(S), OR OWNER(S) – We MUST have SSN and DL # for all person(s) listed**

Name	Title	Address	Social Security Number	Driver's License #

### BANK INFORMATION:

Name of Bank	Address	Phone Number	Account Number

### TRADE REFERENCES:

Name	Address	Phone Number	Account Number

### Agreement:

My signature on this application authorizes **ALSTON INC.** to perform background credit check on myself for the purpose of extending credit and I also authorize any of the References and Banks listed above to provide **ALSTON INC.** with any and all information requested. A service charge of 1.5% (18% per annum) may be applied on all amounts 30 days PAST DUE and may cause the account to be put on "Credit Hold" or automatically on "C.B.D." status. In addition, for and in consideration of **ALSTON INC.** extending credit to Business, the undersigned individually, jointly and severally, agrees to personally guarantee payment for all materials and services furnished. In the event legal action is necessary to enforce collection, foreclosure or otherwise, the undersigned further agrees to be responsible for attorney's fees, court and other related costs that may be incurred. It is expressly stipulated that any action, other than foreclosure of lien, may be filled in the Superior Court, County of Los Angeles, California or at Seller's option.

**Each purchase and/or charge shall server to reaffirm this agreement.**

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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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 ALSTON, INC. 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