Since	1996		ALSTON	INC
LSTON ®	Qualit	y . Be	ALSTUN auty . Long	revity
	ACCOUNTS	S INFORM	IATION SHEET	
Please Check One:	□ NEW A	ACCOUNT	UPDATE EXISTING	G ACCOUNT
Please provide us wit	h the following inform	nation:		
COMPANY INFOR	MATION:			
COMPANY NAM	1E:			
FED TAX ID:				
	S LICENSE #:			
			_	
			ZIP CODE:	
)			
CONTACT PERS	ON(s):			
BILLING INFORM	ATION (If different	fuom abova)		
	× ×	,		
Billing Email Add				
			ZIP CODE:	
TEL NO.: ()			
Send Completed Form:				
Email to:	Credit@alstoninc.com			
Mail completed form to:	Alston, Inc. Attn: New Accounts 21491 Ferrero Pkwy City of Industry, Ca 917	89		

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

ALSTON INCORPORATED



21491 Ferrero Parkway, City of Industry, CA 91789 Tel: (909) 287-0668

IDN INC.

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:

ALSTON INCORPORATED

 21491 Ferrero Parkway • City of Industry, CA 91789 • U.S.A. • Tel (909) 287-0668 • Email: info@alstoninc.com

 www.AlstonFlooring.com
 www.AlstonInc.com

 www.AlstonCarvings.com



Since 1996



21491 Ferrero Parkway, City of Industry, CA 91789 Tel: (909) 287-0668

CREDIT APPLICATION

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_
-

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

ALSTON INCORPORATED

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www.AlstonCarvings.com

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	om 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				
<i>≥</i>				
PRINTED NAME OF PERSON SIGNING	TITLE			
ADDRESS OF PURCHASER				
TELEPHONE NUMBER	DATE			
()				

(This information will be kept in strict confidence)

Dear :(Customer/Company Name)			
(Customer/Company Name)			
Email:	Tel: ()	
Please fill out form and return co	npleted credit c	ard authorizat	ion to the following fax number:
	Attn: Ac Email: order	counts Payat desk@alston	
All information provided to us on as a convenience for the custon			
Type of Card (Check One):	□ Visa	□ Master C	Card
Credit Card #:			Exp. Date (MM/YY): /
Billing Zip Code:		1234 5618 9812 345	LAST 3 DIGITS
Security Code:		Failer of the second formation	OF ACCOUNT NUMBER PANEL
			MasterCard
Name as it appears on the	card:		
Billing Address:			
Authorized Signature to Guara	ntee Payment: _		Date:
unpaid balances, open balances and/or	past due balances for	the current and fut	l for money owed to Alston, Inc. including any sure business transactions with Alston, Inc. see payment for all materials and services
• In the event legal action is necessary to	d other related costs t	hat may be incurre	rise, the undersigned further agrees to be ed. It is expressly stipulated that any action, Angeles, California or at Seller's option.

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

For Office Use Only:

*The above information is intended for the sole use of the intended recipient(s) and may contain confidential or privileged information.