

11591 S. Etiwanda Ave. Suite 2A Fontana CA 92337 Tel: (951) 685-1582

Fax: (951) 685-1596

TO SET UP AN ACCOUNT:

- 1) Please fill out completely 4 pages New Account Application (note: this form is digital editable, you don't have to print you can fill on screen and send back by email)
- 2) Fax/ Forward the original Seller's Permit and Business License
- 3) Fax/ Forward copy of your Driver License (Owner or Authorized Representative)

By fax: (951) 685-1596 By Email: furniture@bestqualityfamily.com

COMPANY'S INFORMATION:

(Mark only one option) □ Corporation ☐ Sole Proprietorship □Partnership Type of Business: Years in Business: Company's Name: Address: (City) (Zip Code) (State) Contact Number: (Fax) (*Cell* #) (*Phone* #) Email: Website: Trade References: (*Phone #*) (Name) (*Fax* #) (Name) (*Phone #*) (*Fax* #) (Name) (*Phone #*) (*Fax* #)

CALIFORNIA RESALE CERTIFICATE:

ΙI	I HEREBY CERTIFY:				
1)	HOLD Valid Seller's Permit Number:				
2)	am engaged in the Business of selling the following type of tangible Personal Property:				
3)	This certificate is for the Purchase from Best Quality Furniture of the items I have listed in paragraph 5 below.				
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 or 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 or as otherwise provided by law.				
5)	5) Description of Property to be purchased for Resale:				
6)	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 purchasers knows at the time of purchases that hereon she will not resell the purchased item prior to any use (other than retention, demonstration or display while holding it for esale, and he or she furnishes a resale certificate to avoid payment to the seller of an amount as Taxadditionally, a person misusing a resale certificate for personal gain or evade the payment of Tax is is table 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) (Company Name#)				
	(Signature of Purchaser, or Authorized Representative)				
	(Printed Name of Person Signing) (Title)				
	(Address of Purchaser)				

(Date)

(Telephone Number)

PERSONAL GUARANTEE

Applicant agrees to pay for all merchandise purchased at BEST QUALITY FURNITURE. It is further understood that the applicant will be responsible for all fees on any PAST DUE ACCOUNTS. In the event for NON-PAYMENT the applicant further agrees to all amounts due to seller by applicant including to collection charges, attorney fees and court cost. Applicant also agrees to pay interest and finance charges, at the highest rate authorized by law. It is understood and specifically agreed that in the event of a suit or action shall take place in LOS ANGELES COUNTY, CA at the option of Best Quality Furniture.

Customer specifically understands that they are waving their right to litigate outside of Los Angeles County and or it's agent to verify supplement the information stated hereon.

(Telephone Number)	(Date)	
(Signature)	(Date)	
(Company)		

Please forward the complete 4 pages New Account Applications and copy of the Resale Permit to set up account.

By Fax: (951) 685-1596

By Email: furniture@bestqualityfamily.com

Thank you and we look forward to serving You!

TERMS AND POLICES

New Accounts:	Prepayment is required for all new accounts. Please allow ten (10) business days for the company checks to be cleared before shipment. Your first four orders must be paid in Cash, Cashier's Check, Money order, Wire Transfer. Thereafter Company checks may be accepted upon approval of credit. Your company name and address must appear on your check and match your account. Temporary Personal Checks and Postdated checks are not acceptable.
Return Check:	All return checks are subject to \$30.00 returned check fees.
Freight/Shipment:	All shipments are FOB pick up from our warehouse in Fontana, CA. To reduce and prevent pick up traffic, all Freight companies are required to make an appointment 24 hours prior to arriving at our warehouse. It is your responsibility to check all boxes/packages before leaving our dock warehouse. We are not responsible for missing/damaged items.
Return/Exchange:	All Claims for damaged or defective items must be reported in writing within 48 hours of your receipt of goods. Failure to notify us in writing after receipt shall constitute an irrevocable acceptance of goods delivered. If you reject any goods, you agree to notify us in writing and must be reshipped to us in its original box condition at your expense. Photo is REQUIRED FOR ANY CLAIMS of damages or Manufactures Defects Please fax to our claim department at (951) 685-1596 * We reserve the right to examine and inspect all returns and exchanges before issuing credit back to your account. * All damage, repairs, returns or exchange merchandise must be returned back complete with its original Box! * We will not accept or honor charge backs, debits, returns, offsets, deductions or claims without our express written consent. We ask you exercise your common business courtesy and notify us of any issues so that we have the opportunity to address your concerns and amicably reach a fair solution. * All restocking fee will be applied to Good(s) rejected/returned for credit. * A minimum charged of \$30 dollars or 20% of total invoice amount excluding shipping fee.
Credit Card:	All credit card/debit card additional 3% fees apply to invoice. American Express and Discover card are not accepted!
I HAVE RE	AD, UNDERSTAND AND AGREE TO THE TERMS AND POLICIES
Company Name	Name: Please Print

Date

Signature