



FLEXFIT® East Office - New York
350 Karin Lane, Hicksville, NY 11801
PH:) 800) 424-4464
FX:) 516) 932-6221

FLEXFIT® West Office - California
625 Columbia St, Brea, CA 92821
PH:) 866) 941-2555
FX:) 714) 447-9475

NEW CUSTOMER APPLICATION

Note: Incomplete and/or unsigned applications will not be processed.

Company Information

Corporate Name	DBA	
Billing Address		
City, State, Zip		
Phone Number	Resale / Sellers' Permit #	
Date Current Ownership Began	Federal Tax ID#	
Officers/Partners/Owner	Primary Contact	Accounts Payable
Name		
Title		
Email		
Phone #		

Bank Reference

Name of Bank	Account#
Address	Officer
City, State, Zip	Phone#

Payment Method (Choose only 1)

Credit Card	ACH / Wire	Check	Net 30 Terms
Credit Card Authorization	_____		
Card Type	Account Number	EXP	CVV
Card Holder's Name			

Applicant's signature affirms financial responsibility for and willingness and ability to pay Flexfit's invoices. Applicant authorizes Flexfit, LLC to obtain information it considers necessary in considering this application. If the applicant is unable to pay for purchases when due, the applicant authorizes Flexfit to add interest (1.5% per month; 18% per annum) to the amount due. If Flexfit incurs additional collection costs, the applicant agrees to pay these collection costs, along with attorney's fees. Upon acceptance by Flexfit, LLC, this application constitutes a sale and purchase agreement. The information contained in this application is accurate.

Name	Title	Signature
------	-------	-----------



FLEXFIT® East Office - New York
350 Karin Lane, Hicksville, NY 11801
PH:) 800) 424-4464
FX:) 516) 932-6221

FLEXFIT® West Office - California
625 Columbia St, Brea, CA 92821
PH:) 866) 941-2555
FX:) 714) 447-9475

GENERAL RESALE CERTIFICATE

I Hereby Certify:

1. I hold a 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 Flexfit LLC. of the item(s) 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 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 purchased for resale: Headwear

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 of Person Signing

Address of Purchaser

Telephone Number

Date

COPY OF ACTUAL PERMIT IS REQUIRED WITH THIS COMPLETED FORM.
PERMITS VARY BY STATE- PLEASE ASK FOR A SAMPLE IF NEEDED.

****BILLING ADDRESS MUST MATCH PERMIT****



FLEXFIT® East Office - New York
350 Karin Lane, Hicksville, NY 11801
PH:) 800) 424-4464
FX:) 516) 932-6221

FLEXFIT® West Office - California
625 Columbia St, Brea, CA 92821
PH:) 866) 941-2555
FX:) 714) 447-9475

Trade References

Name of Purchaser

Account #

Address

City, State, Zip

Phone #

Email

Name of Purchaser

Account #

Address

City, State, Zip

Phone #

Email

Name of Purchaser

Account #

Address

City, State, Zip

Phone #

Email