



1719 W UNIVERSITY DR #188  
TEMPE, AZ 85281  
WWW.DESERTSUNGLASS.COM  
PH 480.451.3955  
PH 800.777.3864

Method of Payment: ☐ Credit Card ☐ COD ☐ Prepaid

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Security Code \_\_\_\_\_

\* Applicants for Net 30 Day Terms must furnish information requested on both pages in addition to signing in applicable areas.

### BUSINESS INFORMATION

Legal Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ownership: ☐ Corporation ☐ LLC ☐ Sub S Corp. ☐ Sole Proprietorship ☐ Partnership

Year of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Franchise? ☐ Yes ☐ No

**Resale Tax #** \_\_\_\_\_ **Federal Tax ID #** \_\_\_\_\_

Years Under Present Ownership: \_\_\_\_\_ Years At Present Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Preferred Method of Invoicing:** Email Only Mail Only

Emails (up to 3 recipients): \_\_\_\_\_

### BANK REFERENCE

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Account # \_\_\_\_\_

I hereby Certify that I hold the valid Resale Tax Number listed above; issued pursuant to the Sales and Use Tax Law and that the tangible personal property described herein which I shall purchase from Desert Sunglass of Scottsdale will be resold by me in the form of tangible personal property, provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay the tax, measured by the purchase price of such property. I acknowledge receipt and acceptance of the Terms and Conditions as stated herein by Desert Sunglass of Scottsdale. I further understand and agree that I will pay a \$25.00 fee if, for any reason, a check for payment of goods or services received is returned to Desert Sunglass of Scottsdale by my bank.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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COMPLETE AND SIGN THIS SIDE ALSO IF YOU ARE APPLYING FOR NET 30 DAY TERMS  
CORPORATION / LLC / SUB S CORPORATIONS ONLY

Corporate Officers: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print) \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_

CORPORATE OFFICER / PARTNERSHIP:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

SOLE PROPRIETORSHIP / PARTNERSHIP:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

TRADE REFERENCES

Trade Reference: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

CONDITIONS

All Desert Sunglass of Scottsdale goods will be sold FOB shipping point. Payment for all Desert Sunglass of Scottsdale goods sold on open account will be due and payable pursuant to the terms and conditions stated on the Desert Sunglass of Scottsdale invoice. Applicant shall reimburse Desert Sunglass of Scottsdale for any expense incurred by it in collecting applicant's accounts including without limitation, reasonable attorney's fees and legal expenses. By signing below, I/We authorize Desert Sunglass of Scottsdale or any of its affiliates, to contact creditors, lending institutions, agencies, or credit bureaus with inquiries as to the condition on my/our business and/or personal credit standings. Since all billing, accounts receivables and credit functions are administered at our main office in Scottsdale, Arizona, Maricopa County, it is understood that in the event of suit or any legal action, that same shall take place in Scottsdale, Arizona, Maricopa County, and that the applicant understands that they are waiving their rights to litigate outside Maricopa County, Arizona. Applicant agrees to pay a delinquency charge of 1.5% per month on any delinquent portion of applicant's account. The undersigned individual has authority to enter into this agreement and has been duly authorized to execute this agreement on behalf of purchaser and agrees to abide by all terms and conditions set forth by Desert Sunglass of Scottsdale. Authorization is granted for this application to be transmitted to financial institutions for the purpose of obtaining credit.

I understand and agree that in order to purchase product from Desert Sunglass of Scottsdale, this form must be completed in its entirety, based on agreed upon terms, and signed by an owner, partner or authorized signer.

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

CONTINUING GUARANTEE

The undersigned, (Guarantors), personally and individually, jointly and severally, unconditionally, absolutely and irrevocably guarantee and promise to pay to Desert Sunglass of Scottsdale on demand, any and all present and future indebtedness, obligations and liabilities of the applicant. The obligations of the Guarantors hereunder are joint and several and whether or not action is brought against any other Guarantors or against the applicant. This guarantee shall be governed by and construed in accordance with Arizona law, without regard to the conflicts of law rules of that state, and the United States of America.

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

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