



12801 Rangoon Street
Arleta, CA 91331

Telephone: (818) 504-3355
Fax: (818) 504-3360

CREDIT APPLICATION

Company Name		Phone No.		Fax No.	
Shipping Address		City	State		Zip
Billing Address		City	State		Zip
Type of Business		Years in Business		Federal ID#	
Please check one of the following	Corporation	Est. Monthly Credit Requirement			
	Partnership				
	Sole Proprietorship	Miles Account Manager Name: <input type="text"/>			
Check here if purchased goods are for resale	Sellers Permit or Resale Certificate Number		State		

TRADE REFERENCES

Trade Reference
#1 Name

Street Address

City

State

Zip

Phone

Fax

Trade Reference
#2 Name

Street Address

City

State

Zip

Phone

Fax

When completed please email to: ar@mileschemical.com

Trade Reference
#3 Name

Street Address

City

State

Zip

Phone

Fax

Trade Reference
#4 Name

Street Address

City

State

Zip

Phone

Fax

BANKING REFERENCE

Bank Name

Branch Street
Address

City

State

Zip

Phone

Fax

Account #

I certify that all of the information on this form is correct. I authorize Miles Chemical, Inc. to perform a credit evaluation on the Company and/or the Owner(s) of the Company in connection with this application for credit. I fully understand your credit terms of 30 days or previously agreed upon terms.

X _____

Date

Signature of Officer

Title

Office Use Only:

Approved _____ Declined _____ Credit Limit _____

Payment Terms: _____ Receivables Mgr: _____

CFO: _____ Date: _____

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BANK CREDIT REFERENCE AUTHORIZATION FORM

Dear Customer:

Due to the banking regulations protecting banking privacy, banks require written authorization from their depositor before they will release account information. Please complete the top portion of this form. Thank you.

To: (Bank Name) _____ Date

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Dear Bank Officer:

We are authorizing the bank to release information about our accounts, outstanding credit line(s), and payment history to **Miles Chemical Co. Inc.**, to be used explicitly for the establishment of an open account and credit line. This **information** is to be kept in the strictest of confidence.

Company _____ Account Number _____

Signature _____ Date

Printed Name _____ Title _____

Dear Bank Officer:

The above customer is applying for a credit line with us and has given your bank as a reference. Please provide us with the following information and return this form via fax to **(818) 504-3360** attention **Credit Department**. For any questions please call us at **(818) 305-3355**. We assume you that this information will be kept strictly confidential. Thank you.

Checking Account:

Date Opened: Average Balance:

Returned Items: Y or N Satisfactory: Y or N

Loans:

Date Opened: High Credit: Current Balance:

Secured By: Unsecured:

Payment History:

Comments:

Completed by: Title: Date:

When completed please email to: ar@mileschemical.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 _____ 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

When completed please email to: ar@mileschemical.com