



TA CHEN INTERNATIONAL, INC.

5855 Obispo Ave. Long Beach, CA 90805

Tel: 562-808-8000 Fax: 562-602-3726

Website: www.tachen.com

CONFIDENTIAL CREDIT APPLICATION (NEW / UPDATE ACCOUNT)

We welcome your interest in doing business with TA Chen Int'l. The extent to which this application is completed will assist us in determining the extend of a line of credit to your organization. All information submitted will be held in strict confidence and used solely for reference purpose within our company.

LEGAL BUSINESS NAME: _____ PHONE: _____

DBA: _____ FAX: _____

BILL TO ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

SHIP TO ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

APPLYING CREDIT LIMIT: _____ UPS ACCOUNT #: _____

TA CHEN SALESPERSON: _____

LEGAL STATUS: _____ PROPRIETORSHIP: _____ PARTNERSHIP: _____ OTHER: _____

CORPORATION: _____ PUBLIC: _____ PRIVATE: _____

TYPE OF BUSINESS: _____

YEAR ESTABLISHED: _____ UNDER PRESENT OWNERSHIP SINCE: _____

FEDERAL TAX ID #: _____ RESALES ID #: _____

*(MUST PROVIDE PHOTOCOPY OF *FEDERAL TAX ID & RESALES ID*)

DUN & BRADSTREET NO: _____

OWNER/ OFFICER'S NAME: _____ SOCIAL SECURITY NO: _____

TEL: _____ FAX: _____ E-MAIL: _____

- A LIST OF TRADE REFERENCES: (ON A SEPARATE PAGE, PLEASE PROVIDE AT LEAST THREE FROM WHOM PURCHASES ARE MADE ON A DIRECT CREDIT BASIS)
- A BANK REFERENCE: (PROVIDE ACCOUNT# AND CONTACT INFORMATION, NOTE OF AUTHORIZATION)

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE TA CHEN INT'L TO VERIFY ANY AND/ OR ALL REFERENCES GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORT AGENCIES. THIS AGREEMENT WAS MADE IN LONG BEACH, CA AND ANY DISPUTE OR LITIGATION RESULTING FROM THESE TRANSACTIONS WILL BE FILED IN THIS JURISDICTION. SHOULD IT BE NECESSARY TO REFER THE ACCOUNT BALANCE TO A LICENSED COLLECTION AGENCY OR ATTORNEY FOR LEGAL ACTION, APPLICANT AGREES TO PAY A 25% COLLECTION FEE, REASONABLE ATTORNEY FEES AND COURT COSTS.

APPLICANT: _____

SIGNATURE

DATE

TITLE



TA CHEN INTERNATIONAL, INC.

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Dear Customer:

In compliance with Sales and Use Tax Laws, it is necessary that we obtain a signed resale certificate from you, with your State Sales Tax Permit Number, to show that the merchandise has been purchased for resale.

A Seller must question the purchase if it has knowledge of facts which give rise to a reasonable inference that the Purchaser does not intend to resell the property, such as, for example, knowledge that a Purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear:

- (1) Either an itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please complete the Resale Certificate below and return it to us along with a copy of your valid Resale Permit issued by the state.

Thanks,

Ta Chen International, Inc.

RESALE CERTIFICATE

(Name of Purchaser)

(Address of Purchaser)

I HEREBY CERTIFY: That I hold valid Resale Permit No _____ issued pursuant to the Sales and Use Tax Law, that I am engaged in the business of selling:

and that the tangible personal property described herein which I shall purchase from Ta Chen International, Inc. 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 Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be

(Printed name of Purchaser of Authorized Agent, and Title)

Phone: () _____

(Signature of Purchaser or Authorized Agent)

Date: _____

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2-4)

☐ Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO ¹	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ²³	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID	_____	RI ¹⁷	_____
IL ^{1,8}	_____	SC	_____
IA	_____	SD ¹⁸	_____
KS	_____	TN	_____
KY ²⁴	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁰	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____



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Authorization to Release Credit Information

Company Name(s): _____

I _____ , _____
Print Name Title

Hereby authorized _____
Name of Bank

Account Number

to release credit information to **Ta Chen International, Inc.** for the purpose of
establishing a credit line account.

Signature

Date



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ESTABLISHING CREDIT COMPANY NAME	
ADDRESS	CITY
STATE	ZIP

TRADE REFS (3)

COMPANY NAME	
PHONE NUMBER	FAX

COMPANY NAME	
PHONE NUMBER	FAX

COMPANY NAME	
PHONE NUMBER	FAX

BANK REFERENCE (1 NEEDED)	ACCOUNT NUMBER
PHONE NUMBER	FAX
SIGNATURE OF AUTHORIZATION	DATE



TA CHEN INTERNATIONAL, INC.

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Website: www.tachen.com

Subject: Paperless Billing

Dear Valued Customer:

As Ta Chen International, Inc. strives to maintain its position as the leading master distributor in its various industries – Stainless Steel, Aluminum, Auto Accessories, and Window Coverings – we understand the importance of environmental responsibility and continuous customer service.

Starting April 1, 2006, we had convert to paperless billing. We hope that this will contribute positively to our community by generating less solid waste as well as providing a better quality service to you.

To make this transition possible, we ask you to kindly provide us with a **primary** e-mail address, which will be used to receive **ALL** invoices in **PDF format**. We would also like a **back-up** e-mail address in case the first individual is not available for any reason. Please send to stainless_laar@tachen.com. If you are unable to comply with this request, please contact our Accounts Receivable department as soon as possible.

Of course, if your system does not allow for electronic billing, our current paper billing system will still be available for a period of time. We do, however, believe that you will find this new electronic billing system quicker, easier, and an overall more efficient way of doing business.

Please complete the attached form and fax to our Accounts Receivable department.

(Fax: 562-602-3726)

Thank you in advance for your cooperation.

Sincerely,

James Chang
Executive Vice President



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Paperless Billing

Company Name: _____

Address: _____

_____, _____, _____
City State Zip

Phone: _____ Fax: _____

(Please provide at least one primary and one back-up email addresses)

Primary Contact: _____, _____, _____

First Name

Last Name

Title

Email Address: _____
Please PRINT

Back-up Contact: _____, _____, _____

First Name

Last Name

Title

Email Address: _____
Please PRINT

Signature

Date