



# TA CHEN INTERNATIONAL, INC.

5855 Obispo Ave. Long Beach, CA 90805

Tel: 562-808-8000 Fax: 562-808-8105

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



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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 purchased: **Stainless Steel or other metal products.**

\_\_\_\_\_  
(Printed name of Purchaser of Authorized Agent, and Title) Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Purchaser or Authorized Agent) Date: \_\_\_\_\_



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## Authorization to Release Credit Information

Company Name(s): \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_  
Print Name Title

Hereby authorized \_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
/\_\_\_\_\_  
Depository Account(s) Number

\_\_\_\_\_  
/\_\_\_\_\_  
Credit (Loan) Account(s) 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



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Tel: 562-808-8000 Fax: 562-808-8105

Website: [www.tachen.com](http://www.tachen.com)

Date: 1/15/2007

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 will 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](mailto: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: 562-808-8105)**

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