



Phone 806-372-3254  
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Shipping Address  
 215 N Polk  
 Amarillo TX 79107

Mailing Address  
 PO Box 3026  
 Amarillo TX 79116-3026

Internet Address  
 www.amarillobolt.com  
 email - info@amarillobolt.com

## ACCOUNT APPLICATION

(Please fill out completely)

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Type of Ownership Corporation  LLC  Partnership  Ltd Partnership  Individual  How Long \_\_\_\_\_

### PRINCIPALS IN COMPANY

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

### CONTACTS

Purchasing \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounting \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### BANKS

Name \_\_\_\_\_ Phone \_\_\_\_\_ Checking  Loan

Name \_\_\_\_\_ Phone \_\_\_\_\_ Checking  Loan

### TRADE CREDIT REFERENCES

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

### SALES TAX STATUS

Will your company make Sales Tax Exempt purchases from Amarillo Bolt Company? YES  NO

If yes, please mark the reason for exemption Resale  Manufacturing  Agriculture  Non-Profit  Self-Pay

Sales Tax ID# \_\_\_\_\_

Payment Terms for Amarillo Bolt Company invoices are **1% 10 days Net 30 days** based on invoice date. By signing this account application, the applicant named above agrees to these payment terms and authorizes Amarillo Bolt Company to contact the references listed above for the purpose of obtaining credit history.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased on the attached order or invoice:


Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

 Purchaser	Title	Date
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**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: \_\_\_\_\_ is engaged as a registered

Name of Firm (Buyer): _____	Wholesaler _____
Address _____	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 service 1 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 <sup>2</sup>	_____	MN <sup>12</sup>	_____
AR	_____	MO <sup>13</sup>	_____
AZ <sup>22</sup>	_____	NE <sup>14</sup>	_____
CA <sup>3</sup>	_____	NV	_____
CO <sup>1</sup>	_____	NJ	_____
CT <sup>4</sup>	_____	NM <sup>1,15</sup>	_____
DC <sup>5</sup>	_____	NC <sup>25</sup>	_____
FL <sup>23</sup>	_____	ND	_____
GA <sup>6</sup>	_____	OK <sup>16</sup>	_____
HI <sup>1,7</sup>	_____	RI <sup>17</sup>	_____
ID	_____	SC	_____
IL <sup>1,8</sup>	_____	SD <sup>18</sup>	_____
IA	_____	TN	_____
KS	_____	TX <sup>19</sup>	_____
KY <sup>24</sup>	_____	UT	_____
ME <sup>9</sup>	_____	VT	_____
MD <sup>10</sup>	_____	WA <sup>20</sup>	_____
MI <sup>11</sup>	_____	WI <sup>21</sup>	_____

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: \_\_\_\_\_