

Customer Processing #:

Firm Name:

D/B/A:

Street Address:

E-mail:

City:

County:

State:

Zip:

Telephone #:

Fax #:

Shipping Address:

Web Address:

City:

County:

State:

Zip:

Sales Tax Exempt (If Yes, Required to Attach): No Yes

Credit Line Requested: \$ Anticipated Annual Purchases: \$

Business Type (Please Circle)

Corporation

Partnership

LLC

Proprietor

State of Incorporation:

Years in Business:

Fed ID or SS#:

Name of Owner or Authorized Officer

Name of Owner or Authorized Officer

Name of Owner or Authorized Officer

Address, Title & Phone #

Address, Title & Phone #

Address, Title & Phone #

1.

2.

3.

Market Type (Please Circle)

Rental Store

Flooring Distributor

Floor Install/Refinish

Janitorial Supply

STAFDA/Construction Supply

Other Please Specify

Bank References

Bank Name & Address

Account Number (s)

Contact Name & Phone

Trade References

Name/Address/Phone/Fax

Name/Address/Phone/Fax

Name/Address/Phone/Fax

1.

2.

3.

I authorize Virginia Abrasives Corporation to check our credit history and obtain any information deemed necessary regarding our credit experience with references provided.

This request for signature is required by banks and many suppliers to protect you and them from illicit requests for information about accounts.

Thank you for your cooperation.

Signature of Owner or Authorized Agent

Date

*** (required even if submitting your own form) ***

**UNIFORM SALES & USE TAX CERTIFICATE
MULTIJURISDICTION**

Issued to Seller: _____

VIRGINIA ABRASIVES CORP.

Address: _____

2851 Service Road
Petersburg, VA 23805

I certify that: _____

is engaged as a registered

Name of Firm (Buyer): _____

Wholesaler _____

Retailer _____

Manufacturer _____

Address _____

Seller (California) _____

Lessor (see notes _____

on reverse side) _____

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 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 products to be purchased from the seller: _____

State¹

State Registration, Seller's
Permit, or ID Number of
Purchaser

AL²

AR

CA³

CO

DC

GA⁴

HI⁵

ID

IL⁶

IA

KS

ME⁶

MD⁷

MI⁸

MN⁹

MO¹⁰

State¹

State Registration, Seller's
Permit, or ID Number of
Purchaser

NE¹¹

NV

NM¹²

ND

OK¹³

RI¹⁴

SC

SD

TN

TX¹⁵

UT

VT

WA¹⁶

WI¹⁴

WY

I further certify that if any property 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: _____

¹This form of certificate has been determined to be acceptable to the above-listed states, subject to the notes on pages 2 and 3.