

Credit Application

FOR

Maui Industrial Metal Fabricators ~ P.O. Box 61 Puunene, HI 96784

Fax Application back to 808-871-2188 ~ Phone: 808-871-4740

Company Information

THE FOLLOWING INFORMATION IS SUBMITTED IN CONSIDERATION FOR CREDIT:

 Corporation Partnership Sole Owner Individual

Firm Name: _____ Date _____

Mailing Address: _____ City _____ State _____ Zip _____

Street Address: _____ City _____ State _____ Zip _____

Type of Business _____ Phone _____ Fax _____

Contractors License No. _____ GE Tax# _____ Fed Tax# _____

Sole Owner Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Partnership Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Corporation: Officers & Directors Are: _____ Co. Manager _____

President _____ Secretary _____

Vice President _____ Treasurer _____

Year Business Started _____ Former Address _____

Bank _____ Branch _____ Phone# _____

Checking Acct# _____ Savings Acct# _____ Contact _____

TRADE REFERENCES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

We authorize you to release any and all banking or credit information to Maui Industrial Metal Fabricators, Inc.

Do you use purchase orders? Yes _____ No _____

Names of others authorized to use account: _____

IN CONSIDERATION OF THIS REQUEST, THE UNDERSIGNED AGREES: 1) OUR TERMS ARE NET 30 DAYS 2) A FINANCE CHARGE OF 1.5% WILL BE CHARGED TO OVERDUE BALANCES 3) ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT

I HEREBY PERSONALLY GUARANTEE THE PAYMENT OF THE ACCOUNT STATED ABOVE.

SIGNATURE _____ PRINT NAME _____

TITLE _____ DATE _____

STATE OF HAWAII — DEPARTMENT OF TAXATION
RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1

(PLEASE PRINT OR TYPE)

To _____
(Name of Seller)

(Address of Seller)

(Date of this Certificate)

(City) (State) (Postal/ZIP Code)

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. W _____ - _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State;

That the nature and character of the Purchaser's business is:

_____;

That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply;

That all of the purchases of tangible personal property to which this Certificate applies:

- are purchases for resale at retail under Chapter 237, Hawaii Revised Statutes (HRS); **and/or**
- are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to Chapter 237, HRS, as amended, and Hawaii Administrative Rules, relating to resale certificates, sales at wholesale, and the exemption for initial wholesale sales of property imported for further resale at wholesale, shall pay to the seller, the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

City State Postal/Zip Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.