

Address: PO Box 99695 Emeryville, CA 94662

Fax back to: 510-601-7021

## APPLICATION & AGREEMENT FOR OPEN ACCOUNT

Please specify delivery window (4 hour minimum) & days of delivery			
Firm Name	DBA		
Billing Address			
City	StateZip Code		
Shipping Address			
City	StateZip Code		
Phone/Fax#Email	Soc. Sec# or Fed. Tax ID#		
Please check one:Corporation Partnership Sole ProprietorLLC			
President/Owner(s) Name	Controller		
ABC #Resale #	Accounts Payable Contact		
Name of Bank Branch			
AddressPhone	Account#		
Trade References:			
1	_PhoneFax		
2	_PhoneFax		
3	_PhoneFax		
PERSONAL GUARANTEE (by an Officer only)			
The undersigned, [print name], of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account. It is understood that credit would not be extended to said corporation/company without this assumption of liability.			
SIGNATURE PRINT NAME			
APPLICANT'S AUTHORIZATION & AGREEMENT			
In support of this application, Vinity Wine Company Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.			
Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale as stated on the invoice(s). Should I/we not pay Vinity Wine Company Inc. according to term, it is understood that credit privileges may be withdrawn. Should Vinity Wine Company Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1 ½% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. At Vinity Wine Company Inc. option, jurisdiction and venue of any suit brought to collect this account shall be had in Alameda, California. A copy of this statement and application has been received.			
SIGNATURE P	RINT NAME		
(must be signed by an officer or principal of the firm)			
TITLE Date			

## **California Resale Certificate**

11	I HEREBY CERTIFY:		
1.	. I hold valid seller's permit number:		
2.	I am engaged in the business of selling the following type of tangible personal property:		
3.	This certificate is for the purchase fromlisted in paragraph 5 below.	of the item(s) I have [Vendor's name]	
4.	4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.		
5.	5. Description of property to be purchased for resale:		
6.	6094.5 if the purchaser knows at the time of puuse (other than retention, demonstration, or dicertificate to avoid payment to the seller of an	ty of a misdemeanor under Revenue and Taxation Code section chase that he or she will not resell the purchased item prior to any splay while holding it for resale) and he or she furnishes a resale mount as tax. Additionally, a person misusing a resale certificate ax is liable, for each purchase, for the tax that would have been 500, whichever is more.	
NA	ME OF PURCHASER		
SIC	GNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED	PRESENTATIVE	
PR	RINTED NAME OF PERSON SIGNING	TITLE	
AD	DDRESS OF PURCHASER		
TE (	ELEPHONE NUMBER	DATE	