

FFI ACCOUNT APPLICATION

Please print clearly and complete all Information.

HOW DID YOU HEAR ABOUT FFI?

Internet Search Brochure Magazine Trade Show Referred By: _____

TYPE OF BUSINESS

Manufacturer/Custom Millworks Dealer/Reseller Other _____

PRODUCTS SOLD (Check all applicable)

Doors Windows Skylights Hardware Other _____

PRODUCTS OF INTEREST

Lift & Slide Door Multipoint Other _____
 Sliding Doors Window/Skylight Motors Window Multipoint Tilt Turn

COMPANY INFORMATION

Company Name: _____

DBA: _____

Bill to Address: _____ Ship to Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Toll Free Number: _____

URL/Website: _____

Type of Business: Sole Proprietorship Partnership Corporation LLC

Tax ID Number or Social Security Number: _____

Years in Business: _____ Years at address: _____

CONTACTS

Owner/Principal: _____ Title: _____

Phone/Ext: _____ Fax: _____

Email: _____

Purchasing Agent: _____

Phone/Ext: _____ Fax: _____

Email: _____

A/P Contact: _____

Phone/Ext: _____ Fax: _____

Email: _____

TYPE OF ACCOUNT DESIRED:

PRE-PAY - by Check or Credit Card (Visa, MasterCard & American Express – will be kept on file)

Credit – Net 30 (*Bank Authorization & Signed Continuing Personal Agreement is required*)

Expected Monthly Purchase: \$ _____ Desired Credit Line: \$ _____

Purchase Order Required: Yes No CA Tax Exempt: Yes No Resale Number: _____

Method of Receiving Invoices: Mail Fax Email Address: _____

Statement Required: Yes No Mail Fax Email Address: _____

TRADE REFERENCES – All references must include fax numbers. Please do not supply toll-free fax numbers.Company: _____
Address: _____
Phone: _____ Fax: _____Company: _____
Address: _____
Phone: _____ Fax: _____Company: _____
Address: _____
Phone: _____ Fax: _____

Please allow approximately 2 - 5 working days for credit approval. You will be notified by mail when your account has been approved.

We must have a complete signed California Sales Tax Certificate on file before tax exempt purchases can be billed...Please tell your order taker if you are tax exempt each time you place our order.

All Taxable Will Calls are subject to Hawthorne City Tax.

The undersigned hereby certify that the above information submitted is true and correct. I will adhere to the Terms and Conditions for Functional Fenestration Inc.

Signature: _____ Date: _____

Title: _____

CONTINUING PERSONAL AGREEMENT

In consideration of a new account and/or credit granted by Functional Fenestration Inc., the undersigned personally guarantees any and all charges now and hereafter and/or money due of Functional Fenestration Inc. The guarantee includes in addition to outstanding principal and balance, interest and late charges, any and all attorney fees and collection costs. Each guarantor waives all presentments, demands for performance, protests, notices of dishonor, notices of default, notices of acceptance of this existence, creation or incurring of new or additional indebtedness, and all other notices or formalities which guarantors may be entitled.

Personal
Guarantor: _____Print
Name: _____Personal
Guarantor: _____Print
Name: _____

CREDIT CARD INFORMATION

Please print clearly. All information will be held confidential.

ACCOUNT INFORMATION

Customer ID: _____ Company Name: _____

PAYMENT*Your card will be charged for product purchased. Freight will be charged separately once the product has shipped.*

Order/Invoice #: _____ Amount: _____

Order/Invoice #: _____ Amount: _____

Order/Invoice #: _____ Amount: _____ Total: _____

CARD INFORMATION Visa MasterCard American Express

Credit Card # _____ Exp Date ____/____ CCID _____

Name (as it appears on card): _____

Statement Mailing Address: _____

Phone (_____) _____ – _____

ON FILE AUTHORIZATION

_____ By initialing here, I authorize Functional Fenestration Inc. to maintain my credit card Information on file for the purpose of payment for products and/or services provided.

I hereby certify that the above information submitted is true and correct. I will adhere to the Terms and Conditions of Functional Fenestration Inc.**Cardholder Signature:** _____ **Date:** _____**DISCLAIMER**

Being the cardholder or Corporate Officer, by signing I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Functional Fenestration, Inc. to charge my credit card, for the products and services provided. Functional Fenestration, Inc. will provide me with an itemized invoice detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will provide Functional Fenestration, Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Functional Fenestration, Inc.

If a bank outside the US issued the credit card you are providing Functional Fenestration, Inc. provide a copy of the card front and back along with this form. Be sure to lighten before copying.

Please submit this form by faxing to our accounting department at 323-242-3824.

BANK AUTHORIZATION

Please print clearly. Information must be complete and correct. Any information will be held confidential.

REQUIRED FOR CREDIT ACCOUNTS – PLEASE COMPLETE IN FULL

COMPANY INFORMATION

Company Name (DBA): _____

Physical Address: _____

Phone (_____) _____ – _____ Fax (_____) _____ – _____

BANK INFORMATION – Please List Business Accounts Only

Name of Bank: _____ Branch: _____

Officer/Dept.: _____

Address: _____

Phone (_____) _____ – _____ Fax (_____) _____ – _____

BANK AUTHORIZATION

Date: _____

I, _____ (Authorized Agent), authorize _____ (Bank Association)

To respond fully to Functional Fenestration Inc.'s request for credit and banking experience for

Account Name _____

Account # _____

I further authorize a copy of this document to be treated as an original.

Your prompt response is appreciated.

(Signature of Authorized Agent)

BOE-230 (7-02)
GENERAL RESALE CERTIFICATE

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

California Resale Certificate

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 from _____ of the item(s) I have listed in paragraph 5 below.
[Vendor's name]

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. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

DATE