

**CREDIT APPLICATION FOR A
BUSINESS ACCOUNT**

(PLEASE COMPLETE ALL INFORMATION AND FAX TO 480.346.8250)



BUSINESS CONTACT INFORMATION

| | | | |
|--------------------------|------------------------|-------------------------|--------|
| Company Name: | | | |
| Phone: | Fax: | E-mail: | |
| Company Address: | | | |
| City: | State: | ZIP Code: | |
| Primary Contact Name: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Owner(s): | | | |
| Date Business Commenced: | Date of Incorporation: | State of Incorporation: | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|---------------------------|------------------------------|---------------------------|--|
| Business Mailing Address: | | | |
| City: | State: | ZIP Code: | |
| Telephone: | Fax: | E-mail: | |
| EIN/SS Number: | Sales/Use Tax Exempt Number: | State of Seller's Permit: | |
| Bank Name: | | | |
| Bank Address: | | Phone: | |
| City: | State: | ZIP Code: | |
| Type of Account | | Account Number | |
| Business Checking | | | |
| Other | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|---------------|------------------|-----------|--|
| Company name: | Type of Account: | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Company name: | Type of Account: | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Company name: | Type of Account: | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |

AGREEMENT

By submitting this application, you authorize Construction Solutions LLC to make inquiries to the banking, business and/or trade references you have supplied and agree to all terms and conditions. Payment terms: All invoices due Net 30 days. 1½% Monthly (18% Annual) Interest Charged on Past Due Balances.

AUTHORIZED SIGNATURE(S)

| | |
|------------------|------------------|
| Signature: _____ | Signature: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |

Construction Solutions LLC
7918 East McClain Drive, Scottsdale, AZ 85260
Phone 480.346.8240 / FAX 480.346.8250

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 service¹ 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 ² | _____ | MQ ¹³ | _____ |
| AR | _____ | NE ¹⁴ | _____ |
| AZ ²² | _____ | NV | _____ |
| CA ³ | _____ | NJ | _____ |
| CO ¹ | _____ | NM ^{1,15} | _____ |
| CT ⁴ | _____ | NC ²⁵ | _____ |
| DC ⁵ | _____ | ND | _____ |
| FL ²³ | _____ | OH ²⁶ | _____ |
| GA ⁶ | _____ | OK ¹⁶ | _____ |
| HI ^{1,7} | _____ | PA ²⁷ | _____ |
| ID | _____ | RI ¹⁷ | _____ |
| IL ^{1,8} | _____ | SC | _____ |
| IA | _____ | SD ¹⁸ | _____ |
| KS | _____ | TN | _____ |
| KY ²⁴ | _____ | TX ¹⁹ | _____ |
| ME ⁹ | _____ | UT | _____ |
| MD ¹⁰ | _____ | VT | _____ |
| MI ¹¹ | _____ | WA ²⁰ | _____ |
| MN ¹² | _____ | WI ²¹ | _____ |

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: _____