



Valenti Print Group.com

Your Imagination in Print

## COMMERCIAL CREDIT APPLICATION & CREDIT AGREEMENT

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_

COMPANY NAME \_\_\_\_\_  
(if different from applicant's name)

AMOUNT OF CREDIT REQUESTED \$ \_\_\_\_\_

### LOCATION ADDRESS

Street Address \_\_\_\_\_

Suite Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### MAILING / BILLING ADDRESS

Street Address \_\_\_\_\_

Suite Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### CONTACT NAMES

Purchasing \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Marketing \_\_\_\_\_

### TELEPHONE NUMBERS

Purchasing \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Marketing \_\_\_\_\_

### FACSIMILE NUMBERS

Purchasing \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Marketing \_\_\_\_\_

### BUSINESS INFORMATION

TYPE: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership

TAX NUMBERS: G.E. Tax # \_\_\_\_\_ Federal ID # \_\_\_\_\_

TAX RATE: ☐ Wholesale .5% (RESALE CERTIFICATE REQUIRED), ☐ Oahu 4.712%, ☐ Outer-Island 4.166%, ☐ Exempt 0%

INDUSTRY TYPE: ☐ Construction ☐ Education ☐ Agency ☐ Government ☐ Healthcare ☐ Restaurant  
☐ Real Estate ☐ Finance ☐ Non-Profit ☐ Services ☐ Tourism ☐ Other \_\_\_\_\_

ARE PO'S REQUIRED? ☐ Yes ☐ No

### TRADE REFERENCES - Fax numbers expedite the application

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_ Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### CREDIT AGREEMENT

The undersigned Applicant agrees that all sales on credit extended to or at the request of Applicant shall be subject to the following terms:

- (1) All amounts owing on each credit sale shall be due and payable in full within 30 days after date of invoice.
- (2) Upon default in payment, all amounts owing shall immediately become due and payable without further notice or demand, and such accelerated amount in default shall bear interest at the rate of one and one half percent (1½%) per month until paid in full together with costs, attorney's and collector's fees where applicable.
- (3) Payments shall be credited first to accrued interest if any, and then to the oldest items of principal indebtedness.
- (4) Upon default, Applicant's account may be referred for collection, in which event whether or not suit is instituted, Applicant shall pay any attorney's fees.
- (5) All credit sales to Applicant shall be deemed conclusively made pursuant to this Agreement. This Agreement may not be amended, altered or varied except in writing signed by our company.
- (6) To secure payment of amounts owing from time to time hereunder, Applicant grants to our company a first lien, which shall be a purchase money security interest, upon all goods from time to time sold hereunder. Upon request Applicant shall execute such financing statements or other instruments deemed necessary by our company to perfect and keep perfected its security interest. Please make sure you have completed all of the items above.

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_  
By: \_\_\_\_\_ By: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration of the credit to be extended Applicant from time to time hereunder, each undersigned GUARANTOR, jointly and severally if more than one, unconditionally guarantees payment of all Applicant's obligations to arise under the above Credit Agreement. Extensions of time or other indulgences shall not discharge this guaranty. This guaranty shall continue in full force and effect for the maximum period permitted under law, or until the elapse of 30 days following receipt via registered mail of Guarantor's notice of revocation, provided that all amount owing by Applicant on the effective date of such notice shall remain subject to this guaranty.

### APPROVED AND ACCEPTED:

By: \_\_\_\_\_ Guarantor: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

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

(PLEASE PRINT OR TYPE)

To VALENTI BROTHERS GRAPHICS, LTD  
(dba Valenti Print Group)  
\_\_\_\_\_  
(Name of Seller)

P.O. Box 3026  
\_\_\_\_\_  
(Address of Seller)

\_\_\_\_\_  
(Date of this Certificate)

Honolulu HI 96802  
\_\_\_\_\_  
(City) (State) (ZIP Code)

The undersigned hereby certifies:

- 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; AND
- Further certifies to the foregoing as Purchaser or as an authorized agent or representative of the named Purchaser under the penalties set forth in section 231-36, HRS.

\_\_\_\_\_  
Name of Purchaser

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of Purchaser

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
City State 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.*