

Techland Associates Inc

2786 Bayview Dr. Fremont, CA 94538
Tel: 510-979-8822 Fax: 510-979-9911

Account Application

Company Name: _____ D&B # _____
Primary Contact: _____ Title: _____
Address: _____
City, State, Zip Code _____ Country: _____
Telephone: _____ Fax: _____
Ownership () Corporation () Partnership () Proprietorship
Date Business was Established: _____ Tax Exempted: () Yes () No
Owner / President: _____ Purchasing Manager: _____
Annual Sales of previous year: \$ _____ Federal Tax ID: _____
Accounts Payable Contact: _____ CA Resale No.: _____

Bank Reference

Bank Name: _____ Account Number: _____
Address: _____
City, State, Zip Code _____ Country: _____
Telephone: _____ Contact Person: _____ Fax: _____

Trade Reference

Company Name: _____ Account Number: _____
Contact Person: _____ Tel: _____ Fax: _____
Address: _____

Company Name: _____ Account Number: _____
Contact Person: _____ Tel: _____ Fax: _____
Address: _____

Company Name: _____ Account Number: _____
Contact Person: _____ Tel: _____ Fax: _____
Address: _____

I hereby certify the above info is correct and authorize Techland Associates Inc to verify the listed information and references.

Name: _____ Signature: _____

Title: _____ Date: _____

Please sign back to Techland Associates Inc at fax: (510) 979-9911 or email to NewAccount@techlandpc.com

- California Resale Certificate (if applicable)

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BANK CREDIT INQUIRY

DATE: _____
BANK: _____ ACCOUNT NO. : _____
Attn: _____ PHONE: _____ FAX: _____

Account Holder Information:

COMPANY NAME: _____
ADDRESS: _____
OTHER ACCOUNTS: _____

The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes all parties contacted to release all credit and financial information requested, including banking records.

Authorized Signature _____
Print Name

Date _____
Title

For Bank Use Only

Type of Account:	_____	Date Opened:	_____
Average Balance:	_____		
NSF checks within past 12 month:	_____		
Account Rating:	() Very Satisfactory () Prompt () Poor		
Comment:	_____ _____		
Signature:	_____	Title:	_____
Print Name:	_____	Date:	_____

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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 TECHLAND ASSOCIATES, INC. 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

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