

I am applying for:



P: 1-800-443-4318



New Request

Update Existing

### NEW ACCOUNT & CREDIT APPLICATION

**BILL TO:**

Legal Company Name: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SHIP TO: (If different from Bill To)**

Legal Company Name: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How would you like to receive invoices? (Choose 1)  Email  Fax (Email/Fax#) \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_ Type:  Corporation  Partnership  Sole Proprietorship

Do you need a catalog?  Yes  No How did you hear about us? \_\_\_\_\_

### **\*MUST COMPLETE CONTACT INFORMATION\***

Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Federal ID#: \_\_\_\_\_

**Sales Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Our Email Announcements:  Yes  No

**Service Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Our Email Announcements:  Yes  No

**A/P Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Receive Our Email Announcements:  Yes  No

### **\*\*\*TRADE CREDIT REFERENCES\*\*\***

If requesting credit terms please attach 4 credit references complete with phone and fax numbers. Floor plan companies, credit card, additional bank references and personal references are NOT acceptable.

### **CREDIT CARD PAYMENTS: (COMPLETE CREDIT CARD AUTHORIZATION FORM!)**

Charge my account all orders  Charge my account until my credit is approved

### **SALES TAX**

Other than for sales to locations in Florida, Holiday House Distributing Inc., KoolTek LLC and BrewTek LLC are not responsible for and do not collect any sales or use tax, therefore, you must remit any sales or use tax due on any transaction to the appropriate state. Holiday House Distributing Inc., KoolTek LLC and BrewTek LLC require all customers to have a current resale certificate on file. See sales tax form. If Holiday House Distributing Inc., KoolTek LLC and BrewTek LLC are later assessed tax by a state other than Florida as a result of your failure to remit the entire tax due, you agree to reimburse Holiday House Distributing Inc., KoolTek LLC and BrewTek LLC for all tax, interest and penalties assessed along with any attorney fees with respect to all transactions.

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PAY ALL BILLS WHEN DUE INCLUDING REASONABLE SERVICE CHARGES AND ATTORNEY FEES IF COLLECTION ACTION IS REQUIRED. I UNDERSTAND AND AGREE TO ABIDE BY THE CREDIT TERMS FOR HOLIDAY HOUSE DISTRIBUTING INC., KOOLTEK LLC AND BREWTEK LLC .

**X** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax To: 800-863-7041**



Established 1981

# HOLIDAY HOUSE DISTRIBUTING

PO BOX 1439 LAND O' LAKES FL 34639 • Phone (813) 929-0909 Fax (813) 929-9703  
ORDER Lines: 800-443-4318 • Fax 800-863-7041  
Web Site: [www.hhdonline.com](http://www.hhdonline.com) • E-mail: [info@hhdonline.com](mailto:info@hhdonline.com)

## Credit Card Authorization Form

Dear Valued Customer,

Please fill out the following form and return it with your signature so that we may process your order.  
I authorize Holiday House Distributing to charge my:

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Validation Code: \_\_\_\_\_

(For VISA and MC it is the last 3 digits on the back of the card, for AMEX it is 4 digits on the front of the card )

Cardholders' Name: \_\_\_\_\_

### *Credit Card Billing Information*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### **READ THE FOLLOWING THOROUGHLY**

**I understand that my signature on this form will serve in lieu of my authorized signature on the credit slip. I understand that once my order has been processed and shipped, I may not cancel my order. If I refuse my order once it has shipped, I agree to be responsible for all shipping charges both ways.**

I understand that to cancel Automatic Charge to my credit card, I can simply call HHD and let them know. This signature guarantees all on-going credit card charges until cancelled. I understand that there are no refunds or returns on special orders.

I have read and understand the above conditions. The above information provided to Holiday House Distributing for charge purposes shall be held in strict confidence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## UNIFORM SALES & USE TAX CERTIFICATE – MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. 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: Holiday House Distributing

Address: 5528 Land O Lakes Blvd., Land O Lakes, FL 34609

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Is engaged as a registered
- Wholesaler
  - Retailer
  - Manufacturer
  - Seller (California)
  - Lessor
  - 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 service 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 the 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 <sup>1</sup>	_____	MO <sup>16</sup>	_____
AR	_____	NE <sup>17</sup>	_____
AZ <sup>2</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>4</sup>	_____	NM <sup>4,18</sup>	_____
CT <sup>5</sup>	_____	NC <sup>19</sup>	_____
DC <sup>6</sup>	_____	ND	_____
FL <sup>7</sup>	_____	OH <sup>20</sup>	_____
GA <sup>8</sup>	_____	OK <sup>21</sup>	_____
HI <sup>4,9</sup>	_____	PA <sup>22</sup>	_____
ID	_____	RI <sup>23</sup>	_____
IL <sup>4,10</sup>	_____	SC	_____
IA	_____	SD <sup>24</sup>	_____
KS	_____	TN	_____
KY <sup>11</sup>	_____	TX <sup>25</sup>	_____
ME <sup>12</sup>	_____	UT	_____
MD <sup>13</sup>	_____	VT	_____
MI <sup>14</sup>	_____	WA <sup>26</sup>	_____
MN <sup>15</sup>	_____	WI <sup>27</sup>	_____

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 Sale or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller of a 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: \_\_\_\_\_

