



NEW ACCOUNT & CREDIT APPLICATION

☐ New Request

☐ Update Existing

BILL TO:

Legal Company Name: _____

D.B.A.: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address to receive invoices

Email 1: _____

SHIP TO: (If different from Bill To)

Legal Company Name: _____

D.B.A.: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Nature of Business: _____

Year Established: _____

Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

How did you hear about us? _____

****MUST COMPLETE CONTACT INFORMATION****

Owner: _____ SSN: _____ - _____ - _____ Federal ID#: _____

Main Contact: _____ Phone: _____ Cell: _____ Email Communications: _____ Catalog: _____
Email: _____ Yes ☐ No ☐ Yes ☐ No ☐

Sales Contact: _____ Phone: _____ Cell: _____ Email: _____ Yes ☐ No ☐ Yes ☐ No ☐

Service Contact: _____ Phone: _____ Cell: _____ Email: _____ Yes ☐ No ☐ Yes ☐ No ☐

A/P Contact: _____ Phone: _____ Cell: _____ Email: _____ Yes ☐ No ☐ Yes ☐ No ☐

Website (Ordering) Contact: _____ Phone: _____ Cell: _____ Email: _____ Yes ☐ No ☐

This Email Will Receive Order Confirmations

Credit/Terms

☐ Credit Card - *Complete Credit Card Authorization Form* ☐ Terms Net 10 Days - *Complete Trade Reference Form* ☐ COD All Orders

SALES TAX

Other than for sales to locations in Florida and New York, Holiday House Distributing LLC is not responsible for and does 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 LLC requires all customers to have a current resale certificate on file. See sales tax form. If Holiday House Distributing LLC is later assessed tax by a state other than Florida or New York as a result of your failure to remit the entire tax due, you agree to reimburse Holiday House Distributing LLC for all tax, interest and penalties assessed along with any attorney fees with respect to all transactions.

**** INITIAL ****

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 LLC.

X Signature: _____ Date: _____

Fax To: 800-863-7041



Corporate 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 LLC to charge my listed credit card:

Card#: _____



: _____



: _____



: _____



: _____

Validation Code: _____ Expiration Date: _____

(For VISA, MC & Discover 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 the number below 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 shall be held in strict confidence.

**Signed: _____ Date: _____

Print Name: _____

Company Name: _____ Phone: _____



HOLIDAY HOUSE

DISTRIBUTING

TRADE CREDIT REFERENCES

Company Name					
Address					
City		State		Zip	
Please, List (4) Credit References					
Company Name					
Phone		Fax			
Email					
Account Number					
Company Name					
Phone		Fax			
Email					
Account Number					
Company Name					
Phone		Fax			
Email					
Account Number					
Company Name					
Phone		Fax			
Email					
Account Number					

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine 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:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

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

I further certify that if any property or service so purchased tax free is used or consumed 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 that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee 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, or other authorized signer)

Title: _____

Date: _____

ORDER FORM

DUPLICATE THIS FORM WHEN ORDERING

P.O. Box 1439 Land O' Lakes, FL 34639 Order Online! www.HHDonline.com

P: 800-443-4318 F: 800-863-7041

PLEASE PRINT

Full Company Legal Name

P.O.#

Billing Address

City

State/Province

Zip

Shipping Address

City

State/Province

Zip

Ordered By

Phone

Fax

Special Instructions

NOTE: You MUST use HHD part#s when ordering to have your order processed correctly

[illegible][illegible]