

Clarity Imaging Technologies, Inc.

Credit Application

Company Name _____
 Trade Name (if any) _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Shipping Address _____
 City _____ State _____ Zip _____
 Telephone Number _____ D & B Rated _____
 Sales and Use Tax Certificate # _____
 Type of Business _____
 Owner or CEO _____
 Accounts Payable Contact _____
 Credit Line Requested \$ _____
 Type of Enterprise: [] Corporation [] Partnership [] Sole Proprietor [] Other

CREDIT REFERENCES

CUSTOMER	BANK	Trade Ref. 1	Trade Ref. 2	Trade Ref. 3
Full Name				
Street Address				
City, State, Zip				
Account #				
Contact				
Telephone				

RESALE CERTIFICATE

The vendor must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed resale certificate or exemption certificate.

The undersigned hereby certifies that he:

- Hold a valid Certificate of Authority to collect state and local sales and use tax.
- Is principally engaged in (indicate nature of business):

- Intends that the tangible personal property is for resale in its present form or as a component part of tangible personal property; or the tangible personal property is for use in performing taxable services where such property becomes a component part of the tangible personal property upon which the services are performed or will be actually transferred to the purchaser of the service in conjunction with the performance of the service.

- Understands that this certificate may not be used to purchase items or services which are not for resale and that he will pay the use tax on tangible personal property or services purchased pursuant to this certificate and subsequently used or consumed in a taxable manner, and that any erroneous or false use of this certificate will subject him to payment of tax plus penalties and interest.

Signature of Officer _____

Title _____

Certificate Number _____

Name of Company _____

Address _____

City, State, Zip _____

I hereby authorize the above Credit References to release all information to Clarity or its agent.

Date _____

Print Name _____ Authorized Signature _____

BOTH PARTS OF THIS APPLICATION MUST HAVE AN AUTHORIZED SIGNATURE (CITCRAP1)