Account Open Application

13021 Windfern Rd, Houston, TX, 77064
Ph: 281.955.0971 Fax: 713.996.8866
Email: ar1@a3glassfabricator.com

COMPANY INFORMATION

This application is made for the sole purpose of obtaining an account with A3 Glass Fabricator. Applicant acknowledges that A3 is relying on the information provided in this application and warrants that all statements in this application are complete, accurate, and truthful. Applicant further acknowledges that if this application is approved by A3, applicant and guarantor shall each be bound by the terms and conditions set forth in this application. All such Conditions shall govern each and every purchase hereafter made by applicant. This Application constitutes Applicant's and the undersigned Guarantors written consent to A3 obtaining business and personal consumer credit reports for (a) the extension of credit, or (b) the collection of debt.

PLEASE COMPLETE EACH LINE IN THE FOLLOWING SECTION: DATE: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ FAX: _____

P.O. BOX: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON FOR ACCOUNTS PAYABLE: _____ TAX EXEMPT ID #: _____

EMAIL ADDRESS: _____ CORPORATION ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ SOLE OWNER ☐

EIN NUMBER _____ CONTRACTOR'S LICENSE NO. _____

PARTNERSHIP: (IF MORE THAN 2, LIST ON A SEPARATE PAGE)

WRITTEN AGREEMENT ☐ NO WRITTEN AGREEMENT ☐ GENERAL ☐ LIMITED ☐ DATE STARTED _____

PARTNER NAME _____ SPOUSE NAME _____ PHONE _____

BIRTH DATE _____ SOCIAL SECURITY# _____ HOME ADDRESS _____

PARTNER NAME _____ SPOUSE NAME _____ PHONE _____

BIRTH DATE _____ SOCIAL SECURITY# _____ HOME ADDRESS _____

CORPORATION:

STATE OF INCORPORATION _____ YEAR _____ REGISTERED AGENT _____

CORPORATE ADDRESS _____

PRESIDENT _____ % OWNED _____ HOME ADDRESS _____ PHONE _____

V. PRESIDENT _____ % OWNED _____ HOME ADDRESS _____ PHONE _____

SECRETARY _____ % OWNED _____ HOME ADDRESS _____ PHONE _____

What is your primary pickup/delivery option?

Will-Call ☐ ☐ Delivery

Please attach a copy of the owners/partners current Driver's License and DBA.

13021 Windfern Rd, Houston, TX, 77064
Ph: 281.955.0971 Fax: 713.996.8866
Email: ar1@a3glassfabricator.com

COMPANY CONTACT INFORMATION

Email Order Confirmations send to: ADMINISTRATION CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Quotes send to: PURCHASING CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name:

Email: _____ Phone: _____ Fax: _____

Statements send to: CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name:

Email: _____ Phone: _____ Fax: _____

Invoices send to: A/P CONTACT INFORMATION

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

13021 Windfern Rd, Houston, TX, 77064
Ph: 281.955.0971 Fax: 713.996.8866
Email: ar1@a3glassfabricator.com

ACCEPTANCE FORM

1. All invoices are to be paid on the terms agreed upon the approval for each month following the date of the invoice.
2. Any claims arising from invoices must be made within seven (7) working days of the receipt of the invoice.
3. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses linked with the delays in payment.
4. This agreement shall become effective when accepted by an authorized A3 Glass Fabricator representative.
5. The undersigned hereby authorizes the above-mentioned banks and business references to release information requested by A3 Glass Fabricator.
6. After receiving three returned checks any further payments must be made with debit card, cash, cashier's check, or money order. A $75 fee will apply to each returned check.

COMPANY NAME: _____ TITLE:_____

PHONE: _____ EMAIL: _____ DATE: _____

SIGNATURE: _____

Office use only

Accepted by: A3 Glass Fabricator

BY: _____ TITLE: _____

DATE: _____

SIGNATURE: _____

A3 GLASS FABRICATOR

13021 Windfern Rd, Houston, TX, 77064
Ph: 281.955.0971 Fax: 713.996.8866
Email: ar1@a3glassfabricator.com

BUSINESS TRADE REFERENCES

COMPANY NAME: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

SHIPPING ADDRESS: _____
Street City State Zip

COMPANY NAME: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

SHIPPING ADDRESS: _____
Street City State Zip

COMPANY NAME: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

SHIPPING ADDRESS: _____
Street City State Zip

COMPANY NAME: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

SHIPPING ADDRESS: _____
Street City State Zip

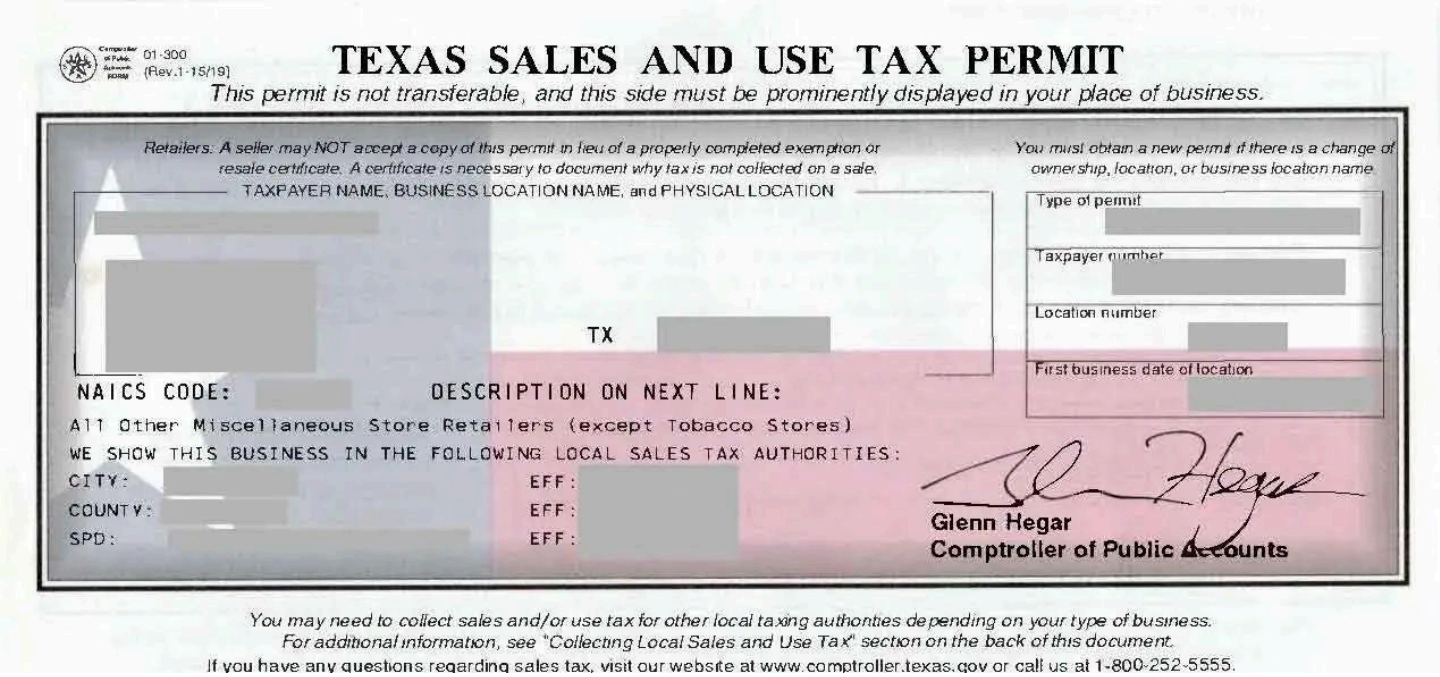
Exempt Status and what you need to know

Exempt organizations must get a sales tax permit and collect and remit sales tax for all taxable items it sells. An organization does not have to register for a sales tax permit if all its sales are of exempt items, or sales made through tax-free fundraisers

TEXAS SALES AND USE TAX PERMIT

If you are tax exempt, please submit Form 01-300 as proof of exemption.

The following is a sample of Form 01-300 Teas Sales and Use Tax Permit:



01-300 (Rev.1-15/19)

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Retailers: A seller may NOT accept a copy of this permit in lieu of a properly completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale.

You must obtain a new permit if there is a change of ownership, location, or business location name.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

[redacted]

TX [redacted]

Type of permit [redacted]

Taxpayer number [redacted]

Location number [redacted]

First business date of location [redacted]

NAICS CODE: [redacted] DESCRIPTION ON NEXT LINE:

All Other Miscellaneous Store Retailers (except Tobacco Stores)

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: [redacted] EFF: [redacted]

COUNTY: [redacted] EFF: [redacted]

SPD: [redacted] EFF: [redacted]

Glenn Hegar

Comptroller of Public Accounts

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business. For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.

If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.

REVENUE RECEIVED - WHAT QUALIFIES AS A SALE?

A sale is the transfer of title or possession of tangible personal property for consideration (usually money). A sale also includes the performance of a taxable service for consideration. All sales (whether taxable or not) are to be reported to the Texas State Comptroller on a Sales and Use Tax Return.

In some fund-raising activities, the school or school group is merely acting as a sales representative for a retailer, and tax must be collected. The tax would be remitted to the retailer, and the retailer would claim it as their sale and they would pay the tax to the Comptroller's office. The school would not report this type revenue as a sale. Examples are vending machine sales where the vendor services the machine, school pictures, and library book sales. Only when the school or school group purchases the merchandise and then resells these items to their customers is the school the seller. The school should provide a resale certificate to the retailer.

01-339 (Rev.4-13/8)

SAVE A COPY | CLEAR SIDE

Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone *(Area code and number)*
Address *(Street & number, P.O. Box or Route number)*	
City, State, ZIP code	
Texas Sales and Use Tax Permit Number *(must contain 11 digits)*	
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico	

(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____

Description of items to be purchased on the attached order or invoice:

_____

_____

_____

_____

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

_____

_____

_____

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here	Purchaser	Title	Date

This certificate should be furnished to the supplier.
Do <u>not</u> send the completed certificate to the Comptroller of Public Accounts.

SAVE A COPY | CLEAR SIDE

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency	
Address *(Street & number, P.O. Box or Route number)*	Phone *(Area code and number)*
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

_____
_____
_____
_____
_____
_____

Purchaser claims this exemption for the following reason:

_____
_____
_____
_____
_____
_____

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here ▶ Purchaser	Title	Date

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier.
Do <u>not</u> send the completed certificate to the Comptroller of Public Accounts.

13021 Windfern Rd, Houston, TX, 77064
Ph: 281.955.0971 Fax: 713.996.8866
Email: ar1@a3glassfabricator.com

A 3% processing fee will be added to all Credit Card transactions
We accept Zelle:- Use (Sales@a3glassfabricator.com) for Zelle transfers

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Contact Name(s): _____

Name on Card: _____

Billing Address: _____
Street City State ZIP

Credit Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Credit Card Number: _____

Verification Code: _____ Expiration Date: _____ ZIP Code on Card: _____

Amount to be charged on credit card: $ _____

I, _____ hereby authorize A3 Glass Fabricator to charge the amount listed above to my credit card.

Signature: _____ Date: _____

Signature must be by an individual granted authority to sign the legal binding documents