

For faster processing FAX to (808) 529-5864 or EMAIL to credit@citymill.com
 For further inquiries, contact Credit at (808) 529-5808 *Please type or print legibly.

1a. Apply as an Individual

Your name in full: *(First, Middle, Last)* _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Email: _____

Social Security No. _____

- OR -

1b. Apply as a Company

Your company's full legal name: _____

Name your company does business as: *(If different than legal name)* _____

Subsidiary, Parent or Property Management Company: *(If applicable)* _____

Street Address: *(If different than billing)* _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Billing Address: *(If different from street address)* _____

City: _____ State: _____ Zip: _____

Name of billing contact: _____

Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Email: _____

Date business started: _____

Month: _____ Year: _____

Dun & Bradstreet Rating: _____

Do you use Purchase Orders? (✓one)

Yes - Written Yes - Oral

No

2. Specify Your Account

Type of account: (✓one)

Cash Account (Section 3 not required →)

Charge Account: Credit limit desired \$ _____

Name(s) of authorized purchasers:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

You are attaching a list of authorized buyers

NOTE: You will be responsible for making all additions and deletions to this list and until notified in writing, Rainbow State Paint will continue to recognize only such names provided with this application.

Additional instructions: (✓all that apply)

You are attaching additional instructions

See below for additional instructions:

How much do you estimate you will spend at Rainbow State Paint each month?

(This will help us determine your credit needs)

\$ _____ per month

Contractor/Licensing Information:

Contractor License No. _____

Expiration Date: _____

Hawaii GE Tax No. _____
(See back of form for resale/wholesale certificate)

Federal ID No. _____

Type of organization: (✓one)

Corporation LLC

General Partnership LLP

Government Sole Proprietorship

Limited Partnership

Other: _____

Business Description: (✓one)

Building Maintenance/Misc. Non-Profit Organization

Church Painters

Construction Plumbing

Electrical Property Management

Hotels & Lodging Places Repair & Remodelers

Landscape Lawn/Garden School

Other: _____ Trade Contractors

3. Tell Us About Your Credit

*Not needed for a Cash Account

Bank References:

(To expedite processing, please provide account and FAX numbers)

1.) Name: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No. _____ Checking

FAX: (____) _____ - _____ Savings

Loans

2.) Name: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No. _____ Checking

FAX: (____) _____ - _____ Savings

Loans

Credit References (Exclude utility & credit card companies):

(To expedite processing, please provide account and FAX numbers)

1.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No. _____

FAX: (____) _____ - _____

Email: _____

2.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No. _____

FAX: (____) _____ - _____

Email: _____

3.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account No. _____

FAX: (____) _____ - _____

Email: _____

4. Terms of Account

Terms and Conditions of Opening an Account:

By signing this application, you have requested Rainbow State Paint to open a charge or cash account for you, and in consideration of Rainbow State Paint opening such account and the privileges associated with your account, you agree:

1) **Accurate Information** - You represent and warrant that all information supplied to Rainbow State Paint on this application is true and accurate to the best of your knowledge and you authorize Rainbow State Paint to investigate the references and other information you listed.

2) **Evaluation** - You authorize Rainbow State Paint to investigate your personal/business credit and financial records, including your bank records. You understand that Rainbow State Paint may request your personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account. And, you understand that any fees charged in association with this investigation will be your responsibility.

3) **Notice of Changes** - You agree to notify Rainbow State Paint in writing of any material changes affecting you or the information listed in this application, e.g. ownership, officers, address, licensing, etc.

4) **Authorized Purchasers** - You are responsible for keeping your authorized purchaser list current. Rainbow State Paint will only recognize the most recent authorized purchaser list that you provide in writing.

5) **Charge Account Payments** - You will make full payment on your charge account according to Rainbow State Paint's credit terms (net 30 days from statement date). Interest will accrue at the rate of 1½% per month (18% annum) on all charge account balances not paid according to regular terms. Rainbow State Paint reserves the right to apply unused credit(s) to any outstanding balance(s), including finance charges. You agree to pay all collection and legal costs if it is necessary for Rainbow State Paint to hire an attorney or collection agent to collect outstanding delinquent amounts due by you to Rainbow State Paint including reasonable attorneys' fees.

6) **Authorized Business Representative** - By signing below on behalf of your business, you represent that your business is a valid business entity and you are an authorized representative of the business with authority to enter into contractual agreements.

If we deny your application based on a consumer reporting agency report, we will advise you of the name and address of the consumer reporting agency from which we obtained the report.

Authorized Signature:

Printed Name: _____

Title: _____ Date: _____

Personal Guaranty: (for charge accounts only)

In consideration of the credit extended to Applicant, the undersigned hereby unconditionally and severally guarantees the payment of the account above in accordance with all its terms, including any modified terms made with or without notice given to the undersigned, and without regard to demands for payment and extensions of time that may have been issued the Applicant, any of which shall not release the liability of the undersigned. This is an unconditional and absolute guaranty of payment and not merely a guaranty of collection.

Authorized Signature:

Printed Name: _____

Title: _____

Social Security No.: _____ Date: _____

For Office Use Only:

Approved by: _____ Date: _____

Account #: _____ Credit Limit \$ _____

**RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1**

(PLEASE PRINT OR TYPE)

To _____
Name of Seller

Address of Seller

Date of this Certificate

City State Postal/ZIP Code

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. **GE** _____ - _____ - _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State.

That the nature and character of the Purchaser's business is:

That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply.

That all of the purchases of tangible personal property to which this Certificate applies:

- are purchases for resale at retail or leases under Chapter 237, HRS; **and/or**
- are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to section 237-13(2)(F)(i), HRS, and section 18-237-13-02(d)(2)(B), Hawaii Administrative Rules, shall pay to the seller the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Signature

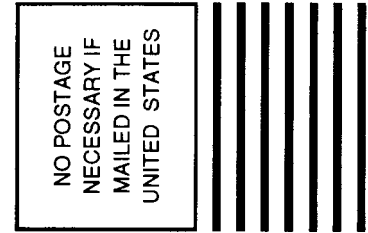
Address of Purchaser

Print Name of Signatory

City State Postal/ZIP Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent) Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.



CREDIT or CASH ACCOUNT APPLICATION

- ✓ Convenient terms!
- ✓ No need to carry cash or checks!
- ✓ No card to fumble around with or lose!
- ✓ Just present your ID for charging privileges!
- ✓ It's fast and easy!

Apply Today!

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 907, HONOLULU, HI

POSTAGE WILL BE PAID BY ADDRESSEE

Rainbow State Paint

COMMERCIAL CREDIT DEPT.
660 N. NIMITZ HIGHWAY
HONOLULU, HAWAII 96817