

*Johnny B & Co*

550 S. Hill St #650  
Los Angeles, CA 90013  
Tel. 213.291.3500 Fax 213.622.1982



## New Account & Credit Application

**To open an account with JOHNNY B & CO. all clients MUST sign this application and accept the following terms and polices.**

- ◆ Pay each invoice according to the terms stated; unless negotiated otherwise.
- ◆ General terms are net cash, unless negotiable otherwise.
- ◆ Receivables are paid by post-dated checks in advance.
- ◆ Extension in payments could result in a 2% handling fee per month.
- ◆ Goods are not transferable to any other client or location, without our written authorization.
- ◆ ***Shipping charges are to be paid by CLIENTS on all returned goods. We charge fees for special deliveries as they charge us. If you are returning goods, please send along with a check for the shipping.***

*I have read, understood shipping policy and (please select one)*

*Will provide shipping label*  *Bill us for shipping*

- ◆ A \$25.00 fee will be charge for RETURNED checks.
- ◆ In case of collection and litigation, we reserve the right to file damages in the state of California.
- ◆ You will agree to our memorandum terms by signing this application; and the shipping manifest when receiving goods.
- ◆ JOHNNY B & CO may deny credit and demand payment if your account is overdue any time.

I hereby personally and unconditionally guarantee payment of all obligations incurred by the above name and applicant. The undersigned further agrees that in the event legal action instituted to enforce collection, to pay all Attorney's fees and legal cost., also collection agency fees. I further agree that venue for such actions shall be Los Angeles County, CA.

Agreement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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## New Accounts & Credit Application

**Please Print**

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

Company Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Principals Name: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Mobile# \_\_\_\_\_

Social Security #: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Resale No.: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Ownership: \_\_\_ Corp. \_\_\_ CO. \_\_\_ DBA \_\_\_ Sole Owner

| Primary Bank Name | Address (City, State) | Account No. |
|-------------------|-----------------------|-------------|
|-------------------|-----------------------|-------------|

| Trade References: | Address | Phone No. |
|-------------------|---------|-----------|
|-------------------|---------|-----------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Where did you hear from us \_\_\_\_\_

Please specify if you are a member of any industry-related network, club or association.

Rap \_\_\_\_\_ Polygon \_\_\_\_\_ others: \_\_\_\_\_

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*Dear Customer and Business Partner:*

*I am writing to you to inquire whether you have instituted an anti-money laundering (AML) program in compliance with the USA Patriot Act, the U.S. Bank Secrecy Act and other regulatory requirements.*

*In order to complete our compliance obligation, we are required under our policy and program to acquire the following identifying information for all our business partners and customers. Please provide the following identifying information. You may complete this form and **fax it back** to the following number: **213- 622-1982***

*Date:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Company Name* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*Fax Number:* \_\_\_\_\_

*E-Mail Address:* \_\_\_\_\_

*Tax Identification Number:* \_\_\_\_\_

*Resale Certificate Number:* \_\_\_\_\_

*Yes ----- We have or will be instituting an AML program.*

*No -----either We will not institute an AML program due to our status as an exempt retailer or our jurisdiction does not require such a program.*

*I certified the above information is correct.*

*Name:* \_\_\_\_\_ *Title:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

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*Your response to this inquiry is an important element on our compliance program and your prompt attention is highly appreciated.*

*Very truly yours,*  
JOHNNY B & CO

## California Resale Certificate

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from Johnny B & Co of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

DATE

( )