



## New Customer Credit Packet Instructions

Pinnacle Powder Coating would like to thank you for your interest in doing business with us. If you have any questions as you read through the accompanying material, please do not hesitate to contact us at 419-663-0279.

### Page 1 – Credit Application

This form needs to be filled out completely and signed by either the owner of the company or an authorized individual of the company. If you already have a prepared list of references you may return it with the application instead of completing the reference section on the application.

### Page 2 – Uniform Sales and Use Tax – Multi-jurisdiction

If your company is tax exempt in any states this form needs to be filled out and returned. If this form is not returned your company will be charged sales tax on all purchases from our company.

Please Return Completed Packet Via Email To:

[accounting@pinnaclepowdercoating.com](mailto:accounting@pinnaclepowdercoating.com)

**PINNACLE POWDER COATING**  
**CORPORATE OFFICE**  
405 INDUSTRIAL PKWY  
NORWALK, OH 44857

**PHYSICAL ADDRESS**  
405 INDUSTRIAL PKWY  
NORWALK, OH 44857

PH: 419-663-0279; FAX 419-663-3010  
[accounting@pinnaclepowdercoating.com](mailto:accounting@pinnaclepowdercoating.com)

**PINNACLE POWDER COATING**  
**CORPORATE OFFICE**  
**405 INDUSTRIAL PKWY, NORWALK, OHIO 44857**  
**PH: 419-663-0279; FAX: 419-663-3010**  
**EMAIL: ACCOUNTING@PINNACLEPOWDERCOATING.COM**

## CREDIT APPLICATION

COMPANY INFORMATION			
Company Name:		Established:	
Address:		Federal Tax ID:	
City, State, Zip Code:		Tax Exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If, Yes, please provide form)
Phone   Fax:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
E-Mail:			<input type="checkbox"/> Other
Type of Business:		Bank Name:	
Purchasing Contact:		Bank Contact:	
Purchase Order Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Accounts Payable Contact:		Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Invoice Preference:	<input type="checkbox"/> Email _____	<input type="checkbox"/> Fax _____	
<b>All invoices sent electronic</b>			
Monthly Statement Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### BUSINESS/TRADE REFERENCES

Company Name:		Contact:	
Phone/Fax:		E-Mail:	
Company Name:		Contact:	
Phone/Fax:		E-Mail:	
Company Name:		Contact:	
Phone/Fax:		E-Mail:	

## AGREEMENT

By submitting this application, you authorize Pinnacle Powder Coating to make inquiries via the above supplied banking and business/trade references for the sole purpose of Net 30 account establishment with Pinnacle Powder Coating.

Signature		Date	
Printed Name		Title	

## 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<sup>1</sup> 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 <sup>1</sup>		MO <sup>16</sup>	
AR		NE <sup>17</sup>	
AZ <sup>2</sup>		NV	
CA <sup>3</sup>		NJ	
CO <sup>4</sup>		NM <sup>4,18</sup>	
CT <sup>5</sup>		NC <sup>19</sup>	
DC <sup>6</sup>		ND	
FL <sup>7</sup>		OH <sup>20</sup>	
GA <sup>8</sup>		OK <sup>21</sup>	
HI <sup>4,9</sup>		PA <sup>22</sup>	
ID		RI <sup>23</sup>	
IL <sup>4,10</sup>		SC	
IA		SD <sup>24</sup>	
KS		TN	
KY <sup>11</sup>		TX <sup>25</sup>	
ME <sup>12</sup>		UT	
MD <sup>13</sup>		VT	
MI <sup>14</sup>		WA <sup>26</sup>	
MN <sup>15</sup>		WI <sup>27</sup>	

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)

Title: \_\_\_\_\_

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