

MULTI SALES, INC.

**5600 Fresca Drive
La Palma, California 90623**

Welcome to Multi Sales!

To place an order, please call our New Accounts Department or fax your application and they will be happy to help you set up your account. If you would like to have company check writing privileges, please fill in sections 1, 3 (banking information) and section 4 on the application. If you will be paying COD with a credit card, please fill in sections 1, 2 and 4. To apply for open terms, please complete all 4 sections on the application.

All new customers may purchase on a COD (cash equivalent) basis until the credit check is complete. UPS and DHL no longer accept cash for payment for a COD package. Unless you have been approved by Multi Sales to write a company check, payment for a COD package must be made in the form of a credit card, money order, cashiers check or an official check. You also have the option of prepaying your order to avoid COD charges.

Please allow at least 3 weeks from the date we receive your credit application for verification and review of the information. We will notify you when the credit check is complete.

Thank you for choosing Multi Sales for all of your Garage Door & Gate Needs. Should you have any questions, please call 800-421-3575 or simply fax your completed application to 714-367-2805.

Thank you,

Multi Sales, Inc.

Received: _____

Salesperson: _____

MULTI SALES, INC.

ACCT. # _____

5600 Fresca Drive • La Palma, CA 90623
562.803.3552 • 800.421.3575 • FAX 562.803.3722 • 800.647.8511

New Customer Application

ALL NEW CUSTOMERS ARE COD/CASH UNTIL CREDIT CHECK IS COMPLETE.

SECTION 1: COMPANY INFORMATION

How did you hear about Multi Sales? Web Site / Magazine / Referral / Phone Book / Other (circle one and specify) _____

THIS INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL.

Company Name: _____ Phone: _____

Billing Address: _____ FAX: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____ Residential? Y / N Phone: _____

City: _____ State: _____ Zip: _____

Accts. Payable Contact: _____ On-Line Access? Y / N (circle one)

E-mail Address: _____ Phone: _____

Purchasing Contact: _____ On-Line Access? Y / N (circle one)

E-mail Address: _____ Phone: _____

Type of Ownership: _____ Corporation _____ Partnership _____ Sole Proprietor

Year Established: _____ Resale #: _____ State Issued: _____
(Sales Tax will be charged unless we receive a signed Resale card)

Type of Business: _____ Contractor _____ Retail _____ Prop. Mgmt. _____ Garage Door Co. _____ Gate Co. _____ Municipality

Contractor's License #: _____ Business License # _____

PLEASE LIST ALL OFFICERS OR OWNERS

Owner/Officer: _____ Title: _____

Resident Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Drivers License #: _____ On-Line Access? Y / N (circle one)

Owner/Officer: _____ Title: _____

Resident Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Drivers License #: _____ On-Line Access? Y / N (circle one)

SECTION 2: (optional) CREDIT CARD AUTHORIZATION

PLEASE INCLUDE A PHOTO COPY OF CREDIT CARD (front & back)

Initial all boxes that apply:

All future special order deposits: I authorize Multi Sales to keep my credit card information on file and to bill my credit card for any charges associated with the canceling of special order parts, special order doors, or special door cut downs. This information is to remain on file until rescinded by me in writing.

All future shipments: I authorize Multi Sales to keep my credit card information on file to be used for future shipments at my discretion. **The following people are authorized to order and/or pick up merchandise paid for with this card:**

1. _____ 2. _____ 3. _____

VISA MASTERCARD DISCOVER CARD # _____ EXP DATE: _____

Name on Card: _____

Signature (Card Holder) _____

Please note: There is a 2.25% lost cash discount on all credit card transactions.

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SECTION 3: (optional) OPEN TERMS ACCOUNT

Application for company check writing privileges or credit. MUST COMPLETE ALL 4 SECTIONS TO PROCESS. Upon verification of references you will be notified of your account status.

Please include all information.

TRADE REFERENCES

Company Name: _____ Acct. # _____

Address: _____

Phone: _____ FAX: _____

Company Name: _____ Acct. # _____

Address: _____

Phone: _____ FAX: _____

Company Name: _____ Acct. # _____

Address: _____

Phone: _____ FAX: _____

Company Name: _____ Acct. # _____

Address: _____

Phone: _____ FAX: _____

BANKING INFORMATION

Bank: _____ Checking Acct#: _____ Savings Acct#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Bank Officer or Contact Name: _____ FAX: _____

Dunn and Bradstreet #: _____

SECTION 4: SIGNATURE REQUIRED

I, the undersigned, am applying for a Commercial Business Account with Multi Sales Company. I have read and agree to the terms and conditions of sale as set forth by Multi Sales Company. By my signature below, I acknowledge; that the information submitted on this application is true and correct, and that inquiries may be made into my credit history and into my bank credit history. I agree to personally guarantee payment of all debts to Multi Sales Company. Should legal action be required to collect any debt owed Multi Sales Company.

I hereby agree to pay reasonable attorney or collection fees as provided by law. I have read and agree to the above until revoked in writing.

I understand and agree to Multi Sales' standard 25% cancellation fee for special order items, unless otherwise specified.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ DATE: _____

COMPANY NAME: _____

PLEASE PROVIDE A PHOTO COPY OF VALID ID

Please fill in all appropriate information, sign, and fax back to (562) 803-3722