| 2441 MINNIS DRIV HALTOM CITY, TX 761 PHONE: 817-288-883 | For Offi | ice Use: Class | Credit Limit | Sa | alesperson |
|---|--------------|--------------------|------------------|---------------------|---|
| Address Physical Bill-to City/State | "SURPASSI | DICONSTRUCTORS | | | SUPPLY CREDIT APPLICATION EPIC SUPPLY 2441 MINNIS DRIVE HALTOM CITY, TX 76117 PHONE: 817-288-8891 EMAIL TO: CAROLYNHUSSEY@EPICSUPPLY.COM |
| City/State | Company N | ame | | | |
| City/State | Address | | | | |
| Email State Sales Tax No. Proprietorship Partnership Corporation Other Principal Owner(s) or Officer(s) Name Resident Address Resident Phone Principal Owner(s) or Officer(s) Name Resident Address Resident Phone Other Other business principals Other business commenced If new, give past employment Were any of the principals in business before? Yye of business Type of business Desyour company have a Service Division? Yes No Is this account: Taxable Non-Taxable or Taxable by the Job? (Please furnish certificates by job) PLEASE PROVIDE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED | | City/State | | | |
| Proprietorship Partnership Corporation Other | | | | | |
| Name Resident Address Resident Phone Image: Second Sec | Proprietors | ship 🛛 Partnership | | | |
| Date this business commenced Annual Volume If new, give past employment Annual Volume Were any of the principals in business before? Yes No If so, reason for discontinuing Type of work performed Monte the principal sector the p | Namo | | Resident Address | | Resident Phone |
| Date this business commenced Annual Volume If new, give past employment | | | | | |
| Date this business commenced Annual Volume If new, give past employment | | | | | |
| Date this business commenced Annual Volume If new, give past employment Were any of the principals in business before? Yes No If so, reason for discontinuing Type of business | Other busine | ess principals | · | | |
| If so, reason for discontinuing | | siness commenced | Ai | nnual Volume | |
| Type of business Type of work performed Work from: Home Shop No. of employees: Office Shop Are purchase orders issued? Yes No Issued by whom? Does your company have a Service Division? Yes No Is this account: Taxable Non-Taxable or Taxable by the Job? (Please furnish certificates by job) PLEASE PROVIDE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED | | | | | |
| Are purchase orders issued? Yes No Issued by whom? Does your company have a Service Division? Yes No Is this account: Taxable Non-Taxable or Taxable by the Job? (Please furnish certificates by job) PLEASE PROVIDE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED Trade References | ••• | | | | |
| Is this account: Taxable Non-Taxable or Taxable by the Job? (Please furnish certificates by job) PLEASE PROVIDE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED Trade References | | | | | · |
| Trade References | | | | by the Job? (Please | e furnish certificates by job) |
| | | PLEASE PROVIDE | E SALES TAX CERT | IFICATE OR TAX | WILL BE CHARGED |
| Name Phone Fax | Trade Refer | ences | | | |
| | Name | | Phone | | Fax |
| | | | | | |

Bank Accounts

| Name of Bank | Type of Account | Account Number |
|--------------|-----------------|----------------|
| | | |
| | | |
| | | |

| For Office Use: Class | Credit Limit | Salesperson | | |
|---|--------------|-------------|--|--|
| Billing Method I would like to receive INVOICES by (cho Invoice fax number or email address | , | □ Email | | |
| I would like to receive STATEMENTS by Statement fax number or email address_ | · / | | | |
| TERMS OF SALE 2% 10th NET 30 of month following the month of purchase. Accounts 30 or more days past due will be placed on a temporary hold status until payment arrangements are confirmed and approved by the credit manager. | | | | |
| Will firm submit a financial statement? \square | Yes 🗆 No | | | |
| Amount of credit needed monthly? | | | | |

PERSONAL GUARANTEE

The undersigned certifies the above information to be correct, that is submitted for the purpose of obtaining credit, and agrees to all the terms and conditions of sale of the company to whom it is submitted. In consideration of credit being extended or other financial accommodations to the above firm by Epic Supply, LLC (herein called Epic) the undersigned, personally, jointly, and severally unconditionally guarantee to Epic the prompt payment when due of any and all indebtedness and liabilities that are now, or at any time or times hereafter may be or become owing to Epic from the above named applicant for credit. The undersigned further guarantees the payment of all interest, attorney's feeds, court costs and other costs of collection, which may be incurred by Epic. **All past due amounts are subject to a 1.5% per month finance charge (18% per annum).** All applicants must notify Epic immediately of any change in business name, address, and or principal by certified or registered mail. All changes for merchandise sold under this account are expressly payable in **Tarrant County, Texas**.

SIGNATURE REQUIRED

| Signature | Printed Name |
|-----------|--------------|
| Signature | Printed Name |
| Signature | Printed Name |



| Customer | | | |
|---|------------------|------------|--|
| Project Name | | | |
| Project Address | | | |
| City | _ State | _ Zip | |
| Customer Job Number (if | applicable) | | |
| Job Foreman | | Job Forema | an Number |
| Commercial Remodel Residential City, County, Are you a Sub to a Sub C | State, Authority | | Non-taxable (Please provide tax certificate) No |
| Project Owner's Name | | | |
| Address of Owner | | | |
| | | | Phone of Owner |
| General Contractor | | | |
| Address of General Conti | ractor | | |
| City | _ State | _ Zip | Phone of GC |
| Bonding Company | | | |
| Phone of Bonding Compa | any | | |
| Bonding Agent | | Phone | Fax |
| General Contractor | Customer | □ None | Bond Number |



Seller: __

Texas Sales and Use Tax Resale Certificate

described below or on the attached order or invoice) from:

| 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 | | | |

| 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.

| | Purchaser | Title | Date |
|--------------|-----------|-------|------|
| sign here | | | |

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



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 atta | iched order or invoice: | |
| | | |
| | | |
| | | |
| Purchaser claims this exemption for the following r | 19350n. | |
| | 643011. | |
| | | |
| | | |
| | | |
| I understand that I will be liable for payment of all s the provisions of the Tax Code and/or all applicable | | which may become due for failure to comply with |
| I understand that it is a criminal offense to give an ex will be used in a manner other than that expressed ir from a Class C misdemeanor to a felony of the sec | n this certificate, and depending or | |
| sign | 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.