

Quality Pets® of Ca Inc./Poseidon Aquatics

Tropical Fish Distributors

140 W. Gardena Blvd, Gardena CA 90248

Tel: (310)532-3513 Fax: (310)532-2434 Toll Free: (877)279-3474

www.poseidonaquatics.com

Date _____

FOR OFFICE USE ONLY

Customer#

Sales Code

Name of Business _____

Shipping/Delivery Address _____

Billing Address _____

City _____ State _____ Zip Code _____

Store Tel. Number _____ Fax Number _____

Mobile Number _____ Email address: _____

Description of Business: _____

Year Established _____ State Incorporated _____

Driver License No _____ State _____

Social Security No. _____

RESALE NUMBER

President (Owner) _____ Vice President _____

Finance Officer _____ Acct. Payable Mgr _____

BANKING INFORMATION

Bank _____ Address _____

Phone Number _____ Fax Number _____

Type of Acct. _____ Account Number (s) _____

CREDIT CARD INFORMATION

I _____ authorize POSEIDON AQUATICS/QUALITY PETS to
Pay my account with the use of my **MC** **VISA** **AMEX** or **DISCOVERY**

Credit Card Number _____ **Exp. Date** _____ **CVV** _____

Name on Card _____ Billing Address _____

POSEIDON AQUATICS / QUALITY PETS must have my signature to charge my credit card.

Signature _____ **Address** _____

CREDIT REFERENCES

Name _____ Address _____

City _____ State _____ Phone No. _____ Fax No _____

Name _____ Address _____

City _____ State _____ Phone No. _____ Fax No _____

By signing this document, I personally guarantee and agree to the prompt payment of any sums now or hereafter owed to POSEIDON AQUATICS / QUALITY PETS by the business identified above. I also agree to pay a service charge of 1.5% a month (18% annually) on all past due balances.

In the event any third parties are employed to collect any outstanding monies owed said business, the undersigned agrees to pay reasonable collection costs, including attorney fees and cost of litigation incurred.

Enroll to receive Poseidon Aquatics weekly buying guide (powered by MailChimp) **YES**

Signature _____ Date: _____

Email address: _____

Quality Pets® of Ca Inc./Poseidon Aquatics

Tropical Fish Distributors

140 W. Gardena Blvd Gardena, CA 90248

Tel: (310)532-3513 Fax: (310) 532-2434 Toll Free: (877) 279-3474

www.poseidonaquatics.com

CREDIT CARD AUTHORIZATION FORM

Date _____

This is to verify that I _____ authorize POSEIDON AQUATICS/QUALITY PETS OF CA, INC. to pay my account with the use of my Master Card, Visa, American Express or Discovery credit card. POSEIDON AQUATICS QUALITY PETS OF CA, INC. has not swiped my card but will keep this letter and signature of file To verify authorization. POSEIDON AQUATICS/QUALITY PETS OF CA, INC. will only charge my credit card upon my authorization.

Master Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Billing address _____

Visa Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Billing address _____

Amex Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Billing address _____

Discovery Card Number _____

Expiration Date _____ CVV# _____

Name on Card _____

Billing address _____

Signature _____

Date _____

Quality Pets® of Ca Inc./Poseidon Aquatics

Tropical Fish Distributors

140 W. Gardena Blvd Gardena, CA 90248

Tel: (310)532-3513 Fax: (310) 532-2434 Toll Free: (877) 279-3474

www.poseidonaquatics.com

SALES TAX RULES AND REGULATIONS - RESALE CERTIFICATES

To Our Customers:

In compliance with Sales and Use Tax Laws it is necessary that we have from all our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale

The good faith of the seller will be questioned if he has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property as, for example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear:

- (1) Either an itemized list of the particular property to be purchased for resale, or
- (2) A general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

Please insert your NEW SALES TAX PERMIT NUMBER, WITH YOUR SIGNATURE AND ADDRESS ON THE ATTACHED RE-SALE CERTIFICATE AND RETURN IT TO US AT ONCE.

FIRM NAME _____

I HEREBY CERTIFY,

That I hold valid seller's permit No. _____

Issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling

_____ that the tangible personal property described herein which I shall purchase from:

_____ Will be resold by me in the form of tangible personal property: PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: _____

Dated: _____ 20____ signature _____

at _____ By and Title _____

Phone _____ Address _____