## 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.poseidonaguatics.com

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 \_\_\_\_\_ Billing Address Name on Card 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 \_\_\_\_\_ 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) Date: \_\_\_\_\_ Signature Email address:

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## **CREDIT CARD AUTHORIZATION FORM**

Signature	Date
Name on Card	
Expiration Date	CVV#
Discovery Card Number	
Billing address	
Name on Card	
Expiration Date	CVV#
Amex Card Number	<del>-</del>
Billing address	
Name on Card	
Expiration Date	CVV#
Visa Card Number	
Billing address	
Name on Card	
Expiration Date	CVV#
Master Card Number	
POSEIDON AQUATICS/QUALITY PETS Master Card, Visa, American Express QUALITY PETS OF CA, INC. has not so	OF CA, INC. to pay my account with the use of my sor Discovery credit card. POSEIDON AQUATICS wiped my card but will keep this letter and signature of file AQUATICS/QUALITY PETS OF CA, INC. will only charge my
This is to verify that I	authorize
Date	

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### 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 S	ales and Use Tax Law: that I am enga	ged in the business of selling	
that the tangible person	al property described herein which I	shall purchase from:	
property is used for any regular course of busine	purpose other than retention, demo	y: PROVIDED, however, that in the event any of such nstration, or display while holding it for sale in the d by the Sales and Use Tax Law to report and pay for	
Description of prope	erty to be purchased:		
Dated:	20	signature	
at	By and <sup>1</sup>	By and Title	
Phone	Address		