



ECOMASTER Technology Corporation – USA
 14020 Central Ave., Suite 500, Chino, CA 91710
 Tel: 626.913.8899 / Fax: 626.913.9988
 www.ecomastertek.com

CREDIT APPLICATION FORM

COMPANY LEGAL NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

TYPE OF BUSINESS *(Please Check One)*

CORPORATION /STATE _____ PARTNERSHIP INDIVIDUAL **DUNN & BRADFORD #** _____

BUSINESS LICENSE# _____ FED TAX ID# _____ RESALE# _____

DATE BUSINESS STARTED _____ YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____

SOCIAL SECURITY NUMBER _____

BANK REFERENCE

BANK NAME _____ ACCOUNT # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

CREDIT CARD# _____ EXP DATE _____ VS _____ MC _____ A/E _____

TRADE REFERENCE

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

COMPANY NAME _____ CONTACT _____

CURRENT TERMS _____ CREDIT LIMIT _____ TEL _____ FAX _____

TO BE SIGNED BY OFFICE OR OWNER

Our firm is financially able to meet any commitments we have made, and we guarantee payment of invoice
 Additionally, I agree to notify creditor of all change in ownership and or transfer of assets...

Signature _____ Title _____ Date _____

Print Name _____



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BLANKET CERTIFICATE OF RESALE

BUYER'S PERMIT # _____

CERTIFICATE # _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ EMAIL _____

THE UNDERSIGNED CERTIFIES THAT THE FOLLOWING _____
(DESCRIPTIONS OF PROPERTY TO BE PURCHASED)

**PURCHASED FROM ECOMASTER Technology Corporation - USA AFTER THE FOLLOWING
 DATE _____ IS PURCHASED FOR THE FOLLOWING PURPOSE:**

- RESALE AS A TANGIBLE PERSONAL PROPERTY**
- TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PROPERTY TO BE THE PRODUCED
 FOR SALE BY MANUFACTURING, ASSEMBLING, PROCESSING OR REFINING**
- TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE CONTINENTAL LIMITS OF THE
 UNITED STATES**
- TO BE SOLD OUTSIDE SELLER'S STATE**
- OTHER _____**

**THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER WHICH WE SHALL HEREINAFTER PLACE PROVIDED
 SUCH ORDER CONTAINS OUR CERTIFICATE NUMBER. THIS IS TO CONTINUE IN FORCE UNTIL REVOKED IN WRITING**

BANK AUTHORIZATION FORM

BANK NAME _____

ACCOUNT # _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

CONTACT OFFICER _____ TITLE _____

TO BE SIGNED BY OFFICE OR OWNER

I hereby authorize my financial institution / bank to provide any necessary credit and account history information requested by
 ECOMASTER Technology Corporation - USA to expedite the process of establishing an account with ECOMASTER Technology
 Corporation - USA.

Signature _____ Title _____ Date _____

Print Name _____