

CITY MILL CREDIT or CASH ACCOUNT APPLICATION

The Professional's Choice

For faster processing FAX to (808) 529-5864 or EMAIL to credit@citymill.com
 For further inquiries, contact Credit at (808) 529-5808 *Please type or print legibly.

1a. Apply as an Individual

Your name in full: *(First, Middle, Last)* _____

Address: _____
 City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Email: _____

Social Security No. _____

- OR -

1b. Apply as a Company

Your company's full legal name: _____

Name your company does business as: _____
(If different than legal name)

Subsidiary, Parent or Property Management Company: *(If applicable)* _____

Street Address: *(If different than billing)* _____
 City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Billing Address: *(If different from street address)* _____
 City: _____ State: _____ Zip: _____

Name of billing contact: _____
 Phone: (____) _____ - _____ ext. _____

Fax: (____) _____ - _____

Email: _____

Date business started: _____
 Month: _____ Year: _____

Dun & Bradstreet Rating: _____

Do you use Purchase Orders? (✓one)
 Yes - Written Yes - Oral
 No

2. Specify Your Account

Type of account: (✓one)
 Cash Account (Section 3 not required →)
 Charge Account: Credit limit desired \$ _____

Name(s) of authorized purchasers:
 1.) _____
 2.) _____
 3.) _____
 4.) _____
 5.) _____

You are attaching a list of authorized buyers

NOTE: You will be responsible for making all additions and deletions to this list and until notified in writing, City Mill will continue to recognize only such names provided with this application.

Additional instructions: (✓all that apply)
 You are attaching additional instructions
 See below for additional instructions:

How much do you estimate you will spend at City Mill each month?
(This will help us determine your credit needs)
 \$ _____ per month

Contractor/Licensing Information:

Contractor License No. _____

Expiration Date: _____

Hawaii GE Tax No. _____
(See back of form for resale/wholesale certificate)

Federal ID No. _____

Type of organization: (✓one)
 Corporation LLC
 General Partnership LLP
 Government Sole Proprietorship
 Limited Partnership
 Other: _____

Business Description: (✓one)
 Building Maintenance/Misc. Non-Profit Organization
 Church Painters
 Construction Plumbing
 Electrical Property Management
 Hotels & Lodging Places Repair & Remodelers
 Landscape Lawn/Garden School
 Trade Contractors
 Other: _____

3. Tell Us About Your Credit

*Not needed for a Cash Account

Bank References:
(To expedite processing, please provide account and FAX numbers)

1.)
 Name: _____
 Branch: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Account No. _____ Checking
 FAX: (____) _____ - _____ Savings
 Loans

2.)
 Name: _____
 Branch: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Account No. _____ Checking
 FAX: (____) _____ - _____ Savings
 Loans

Credit References (Exclude utility & credit card companies):
(To expedite processing, please provide account and FAX numbers)

1.)
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Account No. _____
 FAX: (____) _____ - _____

Email: _____

2.)
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Account No. _____
 FAX: (____) _____ - _____

Email: _____

3.)
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Account No. _____
 FAX: (____) _____ - _____

Email: _____

4. Terms of Account

Terms and Conditions of Opening an Account:

By signing this application, you have requested City Mill to open a charge or cash account for you, and in consideration of City Mill opening such account and the privileges associated with your account, you agree:

1) Accurate Information - You represent and warrant that all information supplied to City Mill on this application is true and accurate to the best of your knowledge and you authorize City Mill to investigate the references and other information you listed.

2) Charge Account Payments - You will make full payment on your charge account according to City Mill's credit terms (net 30 days from statement date). Interest will accrue at the rate of 1½% per month (18% annum) on all charge account balances not paid according to regular terms. City Mill reserves the right to apply unused credit(s) to any outstanding balance(s), including finance charges. You agree to pay all collection and legal costs if it is necessary for City Mill to hire an attorney or collection agent to collect outstanding delinquent amounts due by you to City Mill including reasonable attorneys' fees.

3) Notice of Changes - You agree to notify City Mill in writing of any material changes affecting you or the information listed in this application, e.g. ownership, officers, address, licensing, etc.

4) Authorized Purchasers - You are responsible for keeping your authorized purchaser list current. City Mill will only recognize the most recent authorized purchaser list that you provide in writing.

5) Evaluation - You authorize City Mill to investigate your personal credit and financial records, including your bank records. You understand that City Mill may request your personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account.

6) Authorized Business Representative - By signing below on behalf of your business, you represent that your business is a valid business entity and you are an authorized representative of the business with authority to enter into contractual agreements.

If we deny your application based on a consumer reporting agency report, we will advise you of the name and address of the consumer reporting agency from which we obtained the report.

Authorized Signature: _____
 Printed Name: _____
 Title: _____ Date: _____

Personal Guaranty: (for charge accounts only)
 In consideration of the credit extended to Applicant, the undersigned hereby unconditionally and severally guarantees the payment of the account above in accordance with all its terms, including any modified terms made with or without notice given to the undersigned, and without regard to demands for payment and extensions of time that may have been issued the Applicant, any of which shall not release the liability of the undersigned. This is an unconditional and absolute guaranty of payment and not merely a guaranty of collection.

Authorized Signature: _____
 Printed Name: _____
 Title: _____
 Social Security No.: _____ Date: _____

For Office Use Only:
 Approved by: _____ Date: _____
 Account #: _____ Credit Limit \$ _____

**RESALE CERTIFICATE FOR GOODS
GENERAL FORM 1**

(PLEASE PRINT OR TYPE)

To _____
Name of Seller

Address of Seller

Date of this Certificate

City State Postal/ZIP Code

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. **GE** _____ - _____ - _____ under the General Excise Tax Law and subject to the taxing jurisdiction of the State.

That the nature and character of the Purchaser's business is:

That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply.

That all of the purchases of tangible personal property to which this Certificate applies:

- are purchases for resale at retail or leases under Chapter 237, HRS; **and/or**
- are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to section 237-13(2)(F)(i), HRS, and section 18-237-13-02(d)(2)(B), Hawaii Administrative Rules, shall pay to the seller the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Signature

Address of Purchaser

Print Name of Signatory

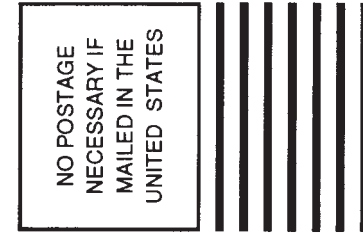
City State Postal/ZIP Code

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)

Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.

CITY MILL | big on help
big on savings
proud to be local



CREDIT or CASH ACCOUNT APPLICATION

The Professional's Choice

- ✓ Convenient terms!
- ✓ No need to carry cash or checks!
- ✓ No card to fumble around with or lose!
- ✓ Just present your ID for charging privileges!
- ✓ It's fast and easy!

Apply Today!

PRICED RIGHT
Everyday!



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 907, HONOLULU, HI

POSTAGE WILL BE PAID BY ADDRESSEE

CITY MILL COMPANY, LTD.

COMMERCIAL CREDIT DEPT.
660 N. NIMITZ HIGHWAY
HONOLULU, HAWAII 96817