

# Linpeng International Inc.

## D.B.A. Fiona Accessories

Order Call: 888-686-7823, Fax: 909-923-9875, Email: sales@fionaaccessories.com

### NEW ACCOUNT APPLICATION FORM

**Please Note: Account will not be set up until New Account Application Form and Credit Card Authorization Form are completely filled out and submitted along with California resale certificate form (if applicable). Thanks for the cooperation.**

Introduced by Rep/Sales Person: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ D.B.A \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: (if different) \_\_\_\_\_

Contact: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Resale Certificate No.: (only if in CA) \_\_\_\_\_ (Require California Resale Certificate)

Principal \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Options: (required form)

\_\_\_\_ Credit Card (Credit Card Authorization Form) \_\_\_\_ Net Term (Wholesale Customer Credit Application)

Preferred Shipper:  FedEx  UPS (Check One) Account#: \_\_\_\_\_

Type of Company: \_\_\_\_ Proprietorship \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ CORP, Start Year \_\_\_\_\_

Type of Business: \_\_\_\_ National Distributor \_\_\_\_ Regional Wholesaler \_\_\_\_ Retail Store \_\_\_\_ Gift Shop

\*\*\*\*\* Helping us know more about your business \*\*\*\*\*

Buying Season: \_\_\_\_\_ Expected Monthly /Quarter Year Purchases: \_\_\_\_\_

Main selling products :( Please multi-select and write percentage with total 100%)

\_\_\_\_ Seasonal Gift \_\_\_\_ Fashion Necklace/Bracelet/Earrings \_\_\_\_ Kid's Jewelry \_\_\_\_ Purse Accessories

\_\_\_\_ Craft/Beads/DIY Kit \_\_\_\_ Watch \_\_\_\_ Others (please list) \_\_\_\_\_

How did you hear about us?

Trade show: \_\_\_\_\_ Salesperson : \_\_\_\_\_ Referred by: \_\_\_\_\_

Online/Web: \_\_\_\_\_ Other source: \_\_\_\_\_

\*\*\*\*\*

Authorized Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Title: \_\_\_\_\_

**Note: This application must be signed, and the person signing must have proper authority to represent Applicant Company.**

# Linpeng International Inc.

*D.B.A. Fiona Accessories*

Order Call: 888-686-7823, Fax: 909-923-9875, Email: sales@fionaaccessories.com

## California Resale Certificate

**Please fill in the following Resale Certificate information, sign it and fax to 888-686-7823**

**Along with a copy of your original reseller permit, Attn: Sales Department**

**BY LAW, LINPENG INTERNATIONAL INC. MUST CHARGE SALES TAX IF THIS FORM IS NOT COMPLETED.**

### I HEREBY CERTIFY:

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from LINPENG INTERNATIONAL INC. of the item(s) I have listed in paragraph 5 below.

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

\_\_\_\_\_  
NAME OF PURCHASER (COMPANY)

\_\_\_\_\_  
SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME OF PERSON SIGNING

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS OF PURCHASER

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

# Linpeng International Inc.

## *D.B.A. Fiona Accessories*

Order Call: 888-686-7823, Fax: 909-923-9875, Email: sales@fionaaccessories.com

### **CREDIT CARD AUTHORIZATION FORM**

Company Name: \_\_\_\_\_

Full name as appears on credit card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_ (3-digit number on the back of most cards)

Card Type: (circle one)    Visa        Master    Debit VISA    Debit Master

I understand that I am obligated to notify LINPENG INTERNATIONAL INC. of any changes in authorized users. I also understand and agree that this credit card will be charged in the event the card is used by former authorized users, unless I notify LINPENG INTERNATIONAL INC. in writing of such changes in authorized users. My signature is my personal guarantee that I am solely responsible for payment of each transaction. This application will be valid only during the valid date of credit card and must be renewed at the expiration date.

A signed purchase is required prior to processing each transaction.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Q&A:**

##### **What is a Credit Card Authorization Form?**

A Credit Card Authorization form is a form filled out by the credit card holder authorizing us to charge your card.

##### **Why We Use It?**

We have taken an extra step to protect our customers as well as ourselves from credit card fraud.

##### **Why Faxing Form?**

We prefer that authorization form be faxed to us at (909) 923-9875. Faxing the form enables us to offer faster service to our customers. It is safe and secure to fax personal information. We guarantee that your information will be handled professionally and in the strictest of confidence.

##### **When will we process credit card?**

We will process Debit card with Visa/Master function on same date as order shipped. We will hold certain amount on Visa/Master card but not processed until order shipping date.

##### **What to do if previous credit card expired or stolen?**

Please notify us immediately and submit new credit card authorization form.

##### **What need to know for using credit card on net term invoice?**

Net term invoice need to be paid by company check. Or 3% processing fee will be added on credit card payment. Invoice past due 45days or longer may result automatically credit card charge and downgrade account to prepaid by credit card only.