



**UNITED PACIFIC INDUSTRIES INC.**

1751 East Del Amo Blvd.  
Carson, CA 90746  
Tel: (310) 638-5988  
Fax: (310) 638-6287  
www.uapac.com

Thank you for your interest in United Pacific Industries, Inc.

Attached is our new customer credit application package. Please fill out the following forms and return by email, fax or mail.

- New Customer Info/Credit Form
- California Resale Certificate (If Applicable)
- Account Authorization Form
- Additional Account Information

Our contact information is as follows

United Pacific Industries, Inc.  
1751 East Del Amo Blvd.  
Carson, CA 90746  
Tel: (310) 638-5988  
Fax: (310) 638-6287  
Toll Free: (800) 790-6988  
Email: [mquijano@uapac.com](mailto:mquijano@uapac.com)  
Web: [www.uapac.com](http://www.uapac.com)

Please feel free to contact us at anytime.

Sincerely,

**United Pacific Industries, Inc**



**UNITED PACIFIC INDUSTRIES INC.**

1751 EAST DEL AMO BLVD.  
CARSON, CA 90746  
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FAX: (310) 638-6287

**New Customer Info/Credit Form**

Name of Firm : \_\_\_\_\_ Est. Since : \_\_\_\_\_

Name of Contact : \_\_\_\_\_ Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Shipping Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ Line of Business : \_\_\_\_\_

Corporation : \_\_\_\_\_ Partnership : \_\_\_\_\_ Proprietorship : \_\_\_\_\_ State of Corporation : \_\_\_\_\_

Name of Paying Officers, Partners or Principal Owners :  
\_\_\_\_\_

SSN # \_\_\_\_\_ FED. I.D. # \_\_\_\_\_

**Name of Paying Office or Agent :**

Name : \_\_\_\_\_ Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

**Bank Affiliation :**

Bank & Branch # : \_\_\_\_\_ Ph # : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Account # : \_\_\_\_\_ Normal Balance Maintained : \_\_\_\_\_

**Trade References :**

Company 1 : \_\_\_\_\_ Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Company 2 : \_\_\_\_\_ Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Company 3 : \_\_\_\_\_ Ph # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Authorization to Release Credit Info: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

### California Resale Certificate

**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 UNITED PACIFIC INDUSTRIES, INC of the item(s) I have listed in paragraph 5 below.  
[Vendor's name]

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 \_\_\_\_\_

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

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

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

TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
( )



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## Authorization Form

Date: \_\_\_\_\_

To Whom It May Concern:

I authorize United Pacific Industries, Inc. to obtain a credit rating on

\_\_\_\_\_  
(Your Company Name)

for the sole purpose of obtaining an Open Account.

Name: \_\_\_\_\_  
(Corporate Officer)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_



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## **Additional Account Information**

Are Purchase Order Number required on all PO's: YES / NO

Parts Manager Name: \_\_\_\_\_

Parts Manager Email: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_

Accounts Payable Fax: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_