CITY MILL CREDIT OF CASH ACCOUNT APPLICATION

| further inquirie | ROCESSING FAX TO (808) 52 es, contact Credit @ (808) 529-58 | 08 | *Pleas | e type or print legibly. | 2. Sp |
|---|--|------------|-----------|--------------------------|--|
| la. Apj | ply as an Indiv | ridual | | | Type of a |
| /our name i | in full: (first, middle, last) | | | | |
| | | | | | Name(s) |
| Address: | | | | | |
| | City: | | - | | |
| hone: | () | | | | |
| ax: | () | | | | |
| mail: | | | | | |
| ocial Secu | rity No | | | | |
| OR - | | | | | NOTE: You wi in writing, Ci |
| b. Ap | ply as a Comp | any | | | Additiona |
| /our compa | any's full legal name: | | | | |
| | | | | | |
| | company does business a an legal name) | 35: | | | |
| | | | | | |
| Subsidiary, | Parent or Property Manag | gement Com | pany: (If | applicable) | |
| | | | | | How muc |
| Street Addre | ess: (If different than billing) | | | | (This will h |
| | | | | | |
| | City: | _State: | _ Zip:_ | | |
| hone: | () | | | | |
| ax: | () | | | | Contrac |
| Billing A | ddress: (P.O. Box if applicabl | e) | | | Contract |
| | | | | | Expiratio |
| | City: | | | | Hawaii (See back) |
| | billing contact: | | | | Federal |
| Phone: | () | | | ovt | |
| Four | (| | | | |
| Fax: | () | | | | Type of |
| Email: | | | | | Type of |
| Email: | ess started: | | | | Type of Corpor Genera Govern |
| Email: | | | | | Type of Corpor Genera Govern Limite |
| Email: Date busine | ess started: | | | | Type of Corpor Genera Goverr Limited |
| Email: Date busine | ess started: Month: | | | | Type of Corpor Genera Goverr Limite Othe Busines Buildin |
| Email: Date busine Dun & Brad | ess started: Month: | Year: | | | Type of Corpor Genera Goverr Limite Uthe Busines Buildin Church |
| Email: Date busine Dun & Brad Do you use | month: | Year: | | | Type of Corpor Genera Goverr Limited Othe Busines Buildin Church Constr Electrid Hotels |

| 2. Specify Your A | ccount | 3. To |
|--|--|------------------------------------|
| ype of account: (✓ one) □ Cash Account (Sect | ion 3 not required →) dit limit desired \$ | Bank F (To expo 1.) Name: |
| 1.) | | Branch |
| | | Addres |
| | | / duros |
| | | Accoun |
| | | FAX: |
| | a list of authorized buyers | FAA. |
| | additions and deletions to this list and until notified only such names provided with this application. | 2.) Name: |
| dditional instructions: (🗸 all tha | t apply) | Branch |
| You are attaching aSee below for additional set of the set o | | Addres |
| | | Accour |
| | | FAX: |
| | | Credit |
| | | (To exp |
| | will spend at City Mill each month? | 1.) |
| his will help us determine your credi | , | Name: |
| \$ | per month | Addres |
| | | _ |
| | | Accoun |
| Contractor/Licensing Informat | | FAX: |
| Contractor License No | | Email: |
| Expiration Date: | | 2.) |
| Hawaii GE Tax No (See back of form for resale/wholesale cert | ifianta) | Name: |
| | | Addres |
| Federal ID No | | |
| Type of organization: (✓ one) | | Accoun |
| ☐ Corporation ☐ General Partnership | | FAX: |
|] Government | Sole Proprietorship | Email: |
| Limited Partnership | | 3.) |
| □ Other: | | Name: |
| Business Description: (✓ one) | Non-Profit Organization | Addres |
| Building Maintenance/Misc. Church | Painters Plumbing | |
| Construction | Property Management | Accour |
| Electrical Hotels & Lodging Places | Repair & Remodelers School | FAX: |
| Landscape Lawn/Garden | Trade Contractors | Email: |
| □ Other: | | |

| | | wide account and FA | (numbers) |
|--|----------------------------------|---------------------|---------------------|
| 1.) Name: | | | |
| Branch: | | | |
| Address: | | | |
| | City: | State: | Zip: |
| Account No | | | Checking Savings |
| FAX: | () | | \square Savings |
| 2.) | | | |
| Name: | | | |
| Branch: | | | |
| Address: | | Chata | 7: |
| Assessment No. | | | Zip: Checking |
| Account No. FAX: | | | Savings |
| FAX: | () | | Loans |
| Credit Refer | ences: processing, please pro | wide account and EA | V numbore) |
| (10 expeane p | Tocessing, piease pro | viue account and rA | A Humbers) |
| Name: | | | |
| Address: | | | |
| | City: | State: | Zip: |
| Account No. | | | |
| FAX: | () | | |
| | | | |
| Email: | | | |
| 2.) | | | |
| 2.) Name: | | | |
| 2.) | | | |
| 2.) Name: Address: | | | Zip: |
| 2.) Name: Address: Account No | | | |
| 2.) Name: Address: Account No FAX: | | | |
| 2.) Name: Address: Account No | | | |
| 2.) Name: Address: Account No FAX: Email: 3.) | | | |
| 2.) Name: Address: Account No FAX: Email: 3.) Name: | | | |
| 2.) Name: Address: Account No FAX: Email: 3.) | () | | |
| 2.) Name: Address: Account No FAX: Email: 3.) Name: Address: | () City: | | Zip: |
| 2.) Name: Address: Account No FAX: Email: 3.) Name: Address: | () | | Zip: |
| 2.) Name: Address: Account No FAX: Email: 3.) Name: Address: | () City: | | Zip: |

The Professional's Choice

4. Terms of Account

Terms and Condition of Opening 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) <u>Accurate Information</u> - 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 authrize City Mill to investigate the references and other information you listed.

2) <u>Charge Account Payments</u> - 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. 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) <u>Notice of Changes</u> - 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) <u>Authorized Buyer Representatives</u> - You are responsible for keeping yourauthorized buyer representative current. City Mill will recognize only the most recent authorized buyer representatives list that you provide in writing. 5) <u>Evaluation</u> - 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) <u>Authorized Business Representative</u> - 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: | | | |
| In consideration unconditionally accordance with out notice given ment and exten which shall not | ranty: (for charge accounts only) of the credit extended to Applicant, the undersigned hereby and severally guarantees the payment of the account above in a all its terms, including any modified terms made with or with- to the undersigned, and without regard to demands for pay- sions of time that may have been issued the Applicant, any of release the liability of the undersigned. This is an uncondition- guaranty of payment and not merely a guaranty of collection. | | | |
| Printed Name: | | | | |
| Title: | | | | |
| Social Security | No.: Date: | | | |
| | | | | |
| For Office Use | Only: | | | |
| Approved by:_ | Date: | | | |
| Account #: | Credit Limit \$ | | | |
| | CM CREDIT/ADV 10.13.04 | | | |

GENERAL FORM 1 (For use where the Purchaser is to give only one Certificate to the Seller.)

TO: <u>CITY MILL CO. LTD.</u> 660 N. NIMITZ HWY., HONOLULU, HAWAII 96817

DATE:

The undersigned hereby certifies, pursuant to section 237-13(2)(F) of the General Excise Tax Law, Chapter 237, HRS, as amended, and the Regulations of the Director of Taxation Relating to Resale Certificates and Sales at Wholesale:

That the Purchaser is the holder of Hawaii Identification No. ______ under the General Excise Tax Law.

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

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

That all of the tangible personal property to which this Certificate applies will be used for the purpose of resale, as set forth in section 237-4(1) of the General Excise Tax Law and paragraph (a) of Article 3 of the above noted Regulations; or for incorporation by the Purchaser into a manufacturer product which will be sold, as set forth in section 237-4(2) of the General Excise Tax Law and paragraph (b) of Article 3 of the above noted Regulations; or for incorporation by the purchaser (who is engaged in the contracting business or is subject to taxation the same as if engaged in the business of contracting), into a structure or other improvement on land as set forth in section 237-(3) of the General Excise Tax Law and paragraph (c) of Article 3 of the above noted Regulations; or for raising or producing farm products or fish or certain packaging material for agricultural products as set forth in section 274-4(4), (5), and (6) of the General Excise Tax Law and paragraphs (d) and (e) of the above noted Regulations; or for sale of tangible personal property to a licensed person engaged in the service business, as set forth in section 237-(7) of the General Excise Tax Law and paragraph (g) of Article 3 of the above noted Regulations; or for sales of tangible personal property of a capital nature which in the hands of a licensed leasing company has a depreciable life of more than three years and which are to be used by a licensed leasing company for leasing to others for a consideration, as set forth in section 237-(8) of the General Excise Tax Law and paragraph (h) of Article 3 of the above noted Regulations.

| Name of Purchaser | Address of Purchaser | |
|---|--|--|
| Type of Organization, e.g. Corporation, Partnership, Individual | Signature of Person signing this certificate for the Purchaser, and title, or source of authority | |
| Print Name | Phone Number | |



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!





NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

> POSTAGE WILL BE PAID BY ADDRESSEE ITY MILL COMPANY, LTD. OMMERCIAL CREDIT DEPT. O. BOX 1559 ONOLULU, HAWAII 96806

www.CityMill.com