

Syracuse Company, Inc.

ESTABLISHED 1909

1 GENERAL MOTORS DRIVE
 BOX 381, SYRACUSE, N.Y. 13206
 PHONE (315) 437-9971 • FAX (315) 437-8118

1

Company Name _____ (Buyer) Type of Business _____
 Address (for billing purposes) _____ Year Business Started _____
 Telephone _____ Number of Business Locations _____

2 Business is a : (Check one and complete appropriate box)

PARTNERSHIP

LIST ALL PARTNERS

Name _____ Title _____ Age _____
 Single Married Spouse's Name _____ Telephone _____
 Address _____
Street City Zip
 Previous Address _____
 Employment _____
 Social Security Number _____

Name _____ Title _____ Age _____
 Single Married Spouse's Name _____ Telephone _____
 Address _____
Street City Zip
 Previous Address _____
 Employment _____
 Social Security Number _____

INDIVIDUAL OWNERSHIP

Name _____ Title _____ Age _____
 Single Married Spouse's Name _____ Telephone _____
 Address _____
Street City Zip
 Previous Address _____
 Employment _____
 Social Security Number _____

DBA-Name _____
 Address _____

Corporation under State laws of _____

Year of founding or incorporation _____

Officers
 President _____
 Home Address _____

Treasurer _____
 Home Address _____

Other _____
 Home Address _____

3 Bank - Please include complete address

Bank Name _____ Branch _____ City _____ State/Zip _____

Authorization for bank credit inquiry _____ Banker _____ Telephone _____

I hereby authorize the (name of bank) _____ to reveal credit information to Syracuse Glass Co., Inc.
 for the purpose of consideration of the establishment of trade credit.

Name of Account _____

Account Number _____

Authorized Signature _____

Over →

4. Trade References (3). Please include complete address. Please do not use oil companies, credit cards, IBM, Xerox or public utilities, since these firms will not confirm such information.

1. _____

Street _____ City _____ State/Zip _____

Telephone _____ Fax _____

2. _____

Street _____ City _____ State/Zip _____

Telephone _____ Fax _____

3. _____

Street _____ City _____ State/Zip _____

Telephone _____ Fax _____

5 Terms: 1% 10 days - net 30 days

FINANCE CHARGES

It is understood that all purchases made during a given month are payable in thirty (30) days or no later than the end of the following month. Accounts not paid in accordance with these terms will be charged a 1 1/2% monthly service charge which is equivalent to 18% annual interest, which service charge the buyer promises to pay.

Date _____

Authorized signature of Company or Corporation _____

REQUESTED LINE OF CREDIT: \$ _____
SPECIAL BILLING REQUIREMENTS:

- If you need more than one invoice copy, please state requirements _____
- Do you require purchase order numbers Yes No
- Sales Tax status
 - Taxable
 - Exempt/State number _____
(If exempt, please include copy of your exemption certificate.)
 - Variable by purchase order

Your Purchasing Procedures

Name and title of person (if any) primarily responsible for purchasing.

Name/Title _____ Name/Title _____

Name of Accounts Payable person to be contacted with regard to financial commitments. _____

Name of person (s) authorized to sign checks.

Name _____ Name _____ Name _____

PERSONAL GUARANTEE

To induce Syracuse Glass Company ("Seller") to sell goods to Buyer, I (we, if more than one signature appears below) unconditionally guarantee Buyer's payment when due of all present and future amounts owed by Buyer to Seller, including interest and Seller's attorney's fees. All notices to, and demands on, me (us) are waived. This Guarantee is and shall be effective even if Buyer and Seller modify Buyer's payment terms. No delay or failure by Seller to act against Buyer or me (us) shall modify, reduce or release my ability to Seller under this unconditional guarantee.

Signature _____ Signature _____

Thank you for your time and effort in completing this application.

DO NOT WRITE BELOW THIS LINE

Date Credit Extended _____

Special Conditions _____

Signature _____



Resale Certificate

Single-use certificate Blanket certificate Date issued _____
Temporary vendors must issue a single-use certificate.

Seller Information - please type or print

Seller's name SYRACUSE GLASS COMPANY INC.			
Address ONE GENERAL MOTORS DRIVE			
City SYRACUSE	State NEW YORK	ZIP code 13206	

Purchaser Information - please type or print

I am engaged in the business of _____ and principally sell _____
(Contractors may not use this certificate to purchase materials and supplies.)

Part 1 - To be completed by registered New York State sales tax vendors

I certify that I am:

- a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is _____
- a New York State temporary vendor. My valid Certificate of Authority Number is _____ and expires on _____

I am purchasing:

- A Tangible personal property (other than motor fuel or diesel motor fuel)
 - for resale in its present form or for resale as a physical component part of tangible personal property;
 - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or
- B A service for resale, including the servicing of tangible personal property held for sale.

Part 2 - To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write *not applicable* on the line requesting the registration number.)

I am purchasing:

- C Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- D Tangible personal property for resale that will be resold from a business located outside New York State.

Part 3 - Certification

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

Please type or print

Purchaser's name as it appears on the sales tax registration		Name of owner, partner, or officer of corporation, authorizing the purchase	
Street address		Purchaser's signature	
City	State	ZIP code	Title

Substantial penalties will result from misuse of this certificate.