



5358 Irwindale Ave., Irwindale, CA 91706
 Tel: 626- 443-8480 Fax: 626-443-8065
 Email: orderprocessor@whpm.com

CREDIT APPLICATION

For Office Use Only		
Date: _____	Division: _____	Salesperson: _____

Legal Business Name: _____ **D & B No.:** _____

Address: _____ **City:** _____

State: _____ **Zip/Postal Code:** _____ **Country:** _____

Phone: _____ **Fax:** _____

Email: _____

<u>Type of Business:</u>	<u>Owner/Partner's Name:</u>	<u>Social Security/Federal ID #:</u>
Sole Proprietorship <input type="checkbox"/>	_____	_____
Partnership <input type="checkbox"/>	_____	_____
Corporation <input type="checkbox"/>	_____	_____

Years in Business: _____ **At Present Location:** _____

Description of Business: _____

Bank Name: _____ **Branch:** _____

Account #: _____ **Phone #:** _____

Trade Reference (please list at least 4 firms with whom you have open credit):

Name	Address (City, St, Zip)	Contact Person	Phone

For the purpose of obtaining merchandise on credit, the undersigned certifies the following statements to be true and correct. You may contact the above firms to verify the status of our (my) accounts. If not paid when due, this account shall bear interest at the maximum rate allowed by law. Should litigation arise with regard to the status or collection of our (my) account, the prevailing party in such litigation will be entitled to reasonable attorney's fees and costs. The forum for any suit brought to collect this account may be had in Los Angeles County, California.

Authorized Signature	Title	Date
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CREDIT RELEASE AUTHORIZATION

Please remember to fax back a voided copy of your company check

I _____ of _____ do hereby authorize the credit information on my account(s) to be released to Hemosure, Inc. for the purpose of establishing a line of credit.

Signature: _____ Date: _____
Title: _____ Bank Fax: _____
Bank Name: _____ Account #: _____
Bank Address: _____
Bank Phone: _____ Bank Fax: _____

Dear Sir or Madam;

The firm mentioned above had made an application to Hemosure, Inc. for extensions of credit and provided your company as a reference. Please share this firm's credit experience with us. The information provided is for internal use and will remain strictly confidential.

***Please fax your response back to us at: 626-443-8065
or via email: orderprocessor@whpm.com***

Below: Fill By Bank Only

Date Account Opened: _____ Type: _____
Account Average: _____ Current Balance: _____
Returned Checks in Last 12 Months: _____ Line of Credit: _____
General Rating (Satisfactory/Unsatisfactory): _____
Signature of Processor: _____ Position: _____
Request Submit By: _____ Date: _____

(W.H.P.M. INC.)



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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 _____ of the item(s) listed in #5.
(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

Printed Name of Person Signing

Title

Address of Purchaser: _____

Phone #: _____

Date: _____