

**HANSEN DISTRIBUTION GROUP**

**P.O. BOX 820  
PEARL CITY, HI 96782**

**COMMERCIAL CREDIT APPLICATION**

ACCOUNT NO \_\_\_\_\_  
SALES REP \_\_\_\_\_

Legal Name \_\_\_\_\_ Date \_\_\_\_\_  
dba \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business:  Corporation: (State Incorporated) \_\_\_\_\_  Partnership  Sole Proprietorship  Other  
Nature of Business \_\_\_\_\_ Hawaii GE/Use No. \_\_\_\_\_ Federal ID \_\_\_\_\_  
Date present owners assumed control of business \_\_\_\_\_ Estimated average weekly purchases \$ \_\_\_\_\_  
Have you been granted an account with us under any other name?  NO  YES, Under \_\_\_\_\_  
A/P Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PRINCIPALS (owners, corporate officers & directors)**

Name(s)	Title	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Principal stockholder:** Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If sole ownership or partnership, owner(s) are:

Owner(s)	Residence Address	Home Phone	Social Security No
_____	_____	_____	_____
_____	_____	_____	_____

**(In the event changes to principals and/or owner(s) occur, Hansen Distribution Group must be notified 72 hours prior to change.)**

**BANK REFERENCE - LOCAL PREFERRED**

Bank Name/Branch _____	Account No. _____	Type _____
Address _____	Account No. _____	Type _____
City, State, Zip Code _____	Account No. _____	Type _____
Contact _____	Phone _____	Fax _____

**TRADE REFERENCES - LOCAL PREFERRED**

**List vendors where average monthly purchases are at least equal to credit desired.**

Name _____	Contact Person _____
Address _____	Account No. _____
City, State, Zip Code _____	Phone _____ Fax _____
Name _____	Contact Person _____
Address _____	Account No. _____
City, State, Zip Code _____	Phone _____ Fax _____
Name _____	Contact Person _____
Address _____	Account No. _____
City, State, Zip Code _____	Phone _____ Fax _____

PURCHASE AUTHORIZATION

Are purchase orders required [ ] YES [ ] NO. If "No", attach list of personnel authorized to purchase for your account.

SPECIAL INSTRUCTIONS TO EXPEDITE PAYMENT (IE. MAILING ADDRESS FOR INVOICES IF DIFFERENT FROM ABOVE):

TERMS & AGREEMENTS

Applicant hereby requests credit be extended by Hansen Distribution Group to Applicant, upon the terms and conditions hereinafter set forth, and consideration for the granting of said credit, hereby covenant and agrees as follows:

- (1) Any amount due as shown by the account shall be paid in full according to the terms shown on its invoices.
(2) In case steps shall be taken, whether by suit or otherwise, to collect any sum including interest which shall hereafter become delinquent under the foregoing term, applicant promises to pay all costs thereby incurred, including a collector's or attorney's fee.
(3) Any variance of the above terms shall be invalid and void unless made in writing and approved and accepted by Hansen.
(4) All information contained in this application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Hansen to investigate the references listed pertaining to my/our credit and financial responsibility. My signature below authorizes my bank to release general financial information.
(5) Hansen Distribution Group reserves the right at any time to revoke any credit extended to Customer because of Customer's failure to pay for goods and services when due or for any other reason deemed good and sufficient by Hansen Distribution Group.
(6) Should any Customer's check(s) be returned by their bank for reason of insufficient funds, Customer agrees to pay Fifty dollars (\$50.00) for each check returned to Hansen Distribution Group as a handling charge.

APPLICANT:

By: \_\_\_\_\_ (Signature of Officer)

Dated: \_\_\_\_\_

\_\_\_\_\_ Print Name / Title

GUARANTY

To further induce Hansen to extend credit to Applicant on the terms set forth above, the undersigned, in his/her/their individual capacity (and not as employee, agent or representative of Applicant) does hereby:

- 1. Absolutely, irrevocably and unconditionally guaranty Applicant's due and punctual payment in full of all amounts owing from time to time under the above Credit Agreement, including, without limitation, charges for Services provided and costs of collection, and in connection therewith, upon default by Applicant in the payment when due of any and all such amounts, shall forthwith pay the same without notice of demand;
2. Agree that the undersigned's obligations herein are those of primary obligor and not as mere surety, and that the undersigned will remain liable therefore as principal, notwithstanding any act, omission, event or circumstance which might otherwise operate as a legal or equitable discharge of the undersigned, until complete performance thereof;
3. Expressly waive diligence, presentment, demand, protest, notice of dishonor or other notice of any kind whatsoever, as well as any requirement that Hansen exhaust any right or take any action against Applicant in extensions of time of payment and waivers relating thereto;
4. Agree that if this Guaranty is executed by more than one person, all obligations hereunder shall be joint and several obligations of each of the undersigned.

DATE: \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Hawaii

Form with fields for (Signature), Business Address, Phone No., Print Name, Social Security No., Residence Address, Phone No. repeated for two individuals.

**STATE OF HAWAII – DEPARTMENT OF TAXATION**  
**RESALE CERTIFICATE FOR GOODS**  
**GENERAL FORM 1**  
(PLEASE PRINT OR TYPE)

TO: HANSEN DISTRIBUTION GROUP  
(Name of Seller)

P.O. BOX 820  
(Address of Seller)

\_\_\_\_\_  
Date of this Certificate

PEARL CITY                      HI                      96782  
City                                      State                      Zip

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

- That the Purchaser is the holder of Hawaii Tax Identification No. 

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 under the General Excise Tax Law and subject to the taxing jurisdiction of the State;
- That the nature and character of the Purchaser’s business is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply;
- That all of the purchases of tangible personal property to which this Certificate applies:
  - Are purchases for resale at retail under Chapter 237, Hawaii Revised Statutes (HRS); and/or
  - Are purchases for resale at wholesale under Chapter 237, HRS;
- That the Purchaser, pursuant to Chapter 237, HRS, as amended, and Hawaii Administrative Rules, relating to resale certificates, sales at wholesale, and the exemption for initial wholesale sales of property imported for further resale at wholesale, shall pay to the seller, the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

\_\_\_\_\_  
Name of Purchaser

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address of Purchaser

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
City                      State                      Zip Code                      Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)                      Date

Seller should retain this Certificate for Seller’s files. Do NOT send to the Department of Taxation.