

Date \_\_\_\_\_

Sales Rep \_\_\_\_\_

SEYMOUR OF SYCAMORE, INC.  
917 CROSBY AVENUE, SYCAMORE, IL 60178-1394  
PHONE 800-435-4482 815-895-9101  
FAX 800-343-4258 815-895-8475

EMAIL ADDRESS: FAXORDERS@SEYMOURPAINT.COM

Company Name and Billing Address

Company and Shipping Address

Name \_\_\_\_\_

Name \_\_\_\_\_

Street/Box \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

President/Owner \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Purchasing Agent \_\_\_\_\_

Email address \_\_\_\_\_

Purchasing Email \_\_\_\_\_

- For Freight Collect Orders>>>>
- Preferred Carrier Name & Acct # \_\_\_\_\_
- Routing Instructions \_\_\_\_\_
- UPS Acct # \_\_\_\_\_

Bank Reference

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**\*\*Require 5 \*\***

Business Reference

Name

Address

Telephone #

Fax #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

In the unlikely event should your account ever be turned over for collections with a collection agency due to non-payment, you are responsible for all costs of collection including but not limited to attorney fees, court costs & suit fees.

Information above is valid and complete and is submitted for the purpose of securing credit. Applicant agrees that payment will be made in accordance of the terms of the manufacturer's credit policy.

Authorized \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_



OF SYCAMORE, INC.



To Our Customers:

In order to comply with state and local sales tax law requirements, it is necessary that we have in our files a properly executed exemption certificate from all of our customers who claim sales tax exemption. If we do not have this certificate, we are obligated to collect the tax for the state in which property is delivered.

If you are entitled to sales tax exemption, please complete this certificate and return it to us as soon as possible via fax or by email. If you purchase tax-free for a reason which this form does not provide, please send us your special certificate or statement.

SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

ISSUED TO: SEYMOUR OF SYCAMORE, INC.

HEADQUARTERED AT: 917 CROSBY AVENUE, SYCAMORE, IL 60178

I certify that we are engaged as a registered:

\_\_\_ Wholesaler \_\_\_ Manufacturer

\_\_\_ Retailer \_\_\_ Other (please specify) \_\_\_\_\_

Also, registered with the below listed states and cities within which your firm would deliver purchases to us, and that any such purchases are exempt from sales and use tax for the following reasons:

\_\_\_ Resale -- in the regular course of business in the form of tangible person property.

\_\_\_ Incorporating the same, as a material, ingredient, or component part, into tangible personal property produced for sale.

\_\_\_ Other authorized exemption (describe) \_\_\_\_\_

General description of product to be purchased from seller:	Exemption to this certificate:
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City or State Registration or ID#	City or State	State Registration or ID #
City or State Registration or ID#	City or State	State Registration or ID#
City or State Registration or ID#	City or State	State Registration or ID#

I further certify that if any property so purchased tax-free is used or consumed by the first as to make it subject to a Sales and Use tax, we will pay the tax due direct to the proper taxing authority when state law so provides, or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

Product or Services Rendered:

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: Title: Date:

Thank you for your cooperation,

Accounting Dept.

917 Crosby Avenue • Sycamore, Illinois 60178-1394
PHONE: 800-435-4482 or 815-895-9101
FAX: 800-343-4258 or 815-895-8475
www.seymourpaint.com



"The Inventor of Aerosol Spray Paint"



OF SYCAMORE, INC.

ATTN:

FAX:

Dear Credit,

Thank you for showing your interest in our aerosol paint. We will be contacting your bank in regards to a credit reference. Bank's now require the customer's authorized signature and account number to release any information. Please sign the authorization and fax it back to my attention so that I may finish the credit process.

Please let me know if you have any questions. Thank you for your cooperation.

Sincerely yours,

Marcia Keutzer  
Credit Department

CUSTOMER'S AUTHORIZED  
SIGNATURE \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

