



**D. D. Bean & Sons Co.**

**Customer Contact Information**

We are currently updating our files. Please fill in the following information and either fax or e-mail them back to my attention.

Customer Name: \_\_\_\_\_

Buyer Name: \_\_\_\_\_

Buyer Phone: \_\_\_\_\_

Buyer Fax: \_\_\_\_\_

Buyer E-Mail address: \_\_\_\_\_

Assistant Buyer Name: \_\_\_\_\_

Assistant Buyer Phone: \_\_\_\_\_

Assistant Buyer E-Mail: \_\_\_\_\_

AP Contact Phone/E-Mail: \_\_\_\_\_

Would you be interested in having your invoices electronically e-mailed? If so, please indicate the e-mail address.

\_\_\_\_\_

Thank you for taking the time to complete this form.

Regards,

Vicki Norris

**D. D. Bean & Sons Co.**

**P: 800.366.2824**

**F: 603.532.6001**

**E: [vnorris@ddbean.com](mailto:vnorris@ddbean.com)**

## UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: D. D. Bean & Sons Co.

Address: 207 Peterborough Street, Jaffrey, NH 03452

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

is engaged as a registered  
 Wholesaler  
 Retailer  
 Manufacturer  
 Seller (California)  
 Lessor (see notes on pages 2-4)  
 Other (Specify) \_\_\_\_\_

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the seller: \_\_\_\_\_

Matches, Safety, Book

| State              | State Registration, Seller's Permit, or ID Number of Purchaser | State              | State Registration, Seller's Permit, or ID Number of Purchaser |
|--------------------|--|--------------------|--|
| AL <sup>1</sup>    | _____  | MO <sup>16</sup>   | _____  |
| AR                 | _____  | NE <sup>17</sup>   | _____  |
| AZ <sup>2</sup>    | _____  | NV                 | _____  |
| CA <sup>3</sup>    | _____  | NJ                 | _____  |
| CO <sup>4</sup>    | _____  | NM <sup>4,18</sup> | _____  |
| CT <sup>5</sup>    | _____  | NC <sup>19</sup>   | _____  |
| DC <sup>6</sup>    | _____  | ND                 | _____  |
| FL <sup>7</sup>    | _____  | OH <sup>20</sup>   | _____  |
| GA <sup>8</sup>    | _____  | OK <sup>21</sup>   | _____  |
| HI <sup>4,9</sup>  | _____  | PA <sup>22</sup>   | _____  |
| ID                 | _____  | RI <sup>23</sup>   | _____  |
| IL <sup>4,10</sup> | _____  | SC                 | _____  |
| IA                 | _____  | SD <sup>24</sup>   | _____  |
| KS                 | _____  | TN                 | _____  |
| KY <sup>11</sup>   | _____  | TX <sup>25</sup>   | _____  |
| ME <sup>12</sup>   | _____  | UT                 | _____  |
| MD <sup>13</sup>   | _____  | VT                 | _____  |
| MI <sup>14</sup>   | _____  | WA <sup>26</sup>   | _____  |
| MN <sup>15</sup>   | _____  | WI <sup>27</sup>   | _____  |

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

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

Authorized Signature: \_\_\_\_\_  
(Owner, Partner or Corporate Officer)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



phone: (800) 366-2824

fax: (603) 532-6001

email: info@ddbear.com

web: http://www.ddbear.com

# Confidential Credit Application

Please fill out all sections of this application.

|  |  |        |      |
|--|--|--------|------|
| Company Name:  | Parent Company:                                |        |      |
| Address:   | City:  | State: | Zip: |
| Phone Number: ( ) -  | Fax Number: ( ) -                              |        |      |
| E-mail Address:  | Web Site Address:                              |        |      |
| Contact: Mr. ( ) Ms. ( )   | Tax Exempt? Yes, Exempt ( ) No, Not Exempt ( ) |        |      |
| If exempt, state why. (Must supply certificate) Blanket Exemption ( ) State Tax Resale Card Enclosed ( ) |  |        |      |

## Owner Information

(Must be completed for all partnerships, sole proprietorships, and corporations in business less than 3 years.)

|                                      |                                      |  |      |
|--------------------------------------|--------------------------------------|--|------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | EIN: |
| Owners Full Name:                    |                                      |  |      |
| Address:                             | City:                                | State:                                       | Zip: |
| Owners Social Security Number:       |                                      |  |      |
| Partners Full Name (if Partnership): |                                      |  |      |
| Partners Address:                    | City:                                | State:                                       | Zip: |
| Partners Social Security Number:     |                                      |  |      |

## Bank & Trade References

|                     |                   |        |      |
|---------------------|-------------------|--------|------|
| 1. Company Name:    | Contact:          |        |      |
| Address:            | City:             | State: | Zip: |
| Phone Number: ( ) - | Fax Number: ( ) - |        |      |
| 2. Company Name:    | Contact:          |        |      |
| Address:            | City:             | State: | Zip: |
| Phone Number: ( ) - | Fax Number: ( ) - |        |      |
| 3. Bank Name:       | Contact:          |        |      |
| Address:            | City:             | State: | Zip: |
| Phone Number: ( ) - | Fax Number: ( ) - |        |      |

I acknowledge that the terms offered by D.D. Bean & Sons Co. are Net 30 days from date of invoice. I agree to pay interest at a rate of 1.5% per month (18% per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1.5% per month (18% per annum) on all past due amounts. The below signatures also grant D.D. Bean & Sons Co. the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_