



1918 Central Ave.
South El Monte, CA 91733
Tel: 626-452-8599 Fax: 626-452-8977
sales@justcaseusa.com
www.justcaseusa.com

Account Number (For Office Use Only)

Reseller Application

Legal Business Name		Business Trade Name	
Billing Address			
City	State	Zip code	Country
Shipping Address (if different from billing address)			
City	State	Zip code	Country
Phone Number		Fax Number	
Date Business Establish	State of Incorporation	Business Type __ Corporation __ Proprietorship __ Partnership	
Federal Tax ID		Business Website Address	
Authorized Purchaser		Email Address	
Authorized Purchaser		Email Address	

Fax or email completed application with a copy of Reseller Permit (mandatory for California customers) or Business License



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Credit Card Authorization Form

Card Holder's Name (as shown on the card)			
Billing Address			
City	State	Zip Code	Country
Credit Card Type <div style="text-align: center;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover </div>			
Credit Card Number		Expiration Date	Credit Card Security Code
Name of Bank Issuing Credit Card		Issuing Bank's Phone Number	
<p>The undersigned credit card holder, unconditionally, irrevocably and personally authorizes Just Case USA Inc. (hereafter Just Case) to collect any or all outstanding amounts due in connection with Applicant's credit account with Just Case by charging such amounts to the credit card or charge cards set forth above.</p> <p>Authorized Card Holder's Signature: _____</p>			



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Uniform Sales & Use Tax Certificate

The below-listed states have indicated that this form of certificate is acceptable, subject to the following notes. 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 Seller: Just Case USA Inc Address: 1918 Central Ave – South El Monte – CA 91733

I certify that
 Name of Firm: _____ Dba Name: _____

Is engaged as a registered: _____
 ___ Lesser ___ Seller ___ Manufacturer ___ Wholesaler ___ Retailer ___ Other:

Address _____

City _____ State _____ Zip Code _____

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 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:

You are required to complete the following for all state(s) in which you are registered unless it is not listed or state specific form is required as outlined below.
 Alaska, Delaware, Montana, New Hampshire & Oregon do not require a resale certificate, but we do require this form be completed, with the tax exception of the tax number, to serve as documentation that product purchased from Goodeal Import Inc. is for resale:

State	State Registration, Seller's Permit or ID Number of Purchaser	State	State Registration, Seller's Permit or ID Number of Purchaser	State	State Registration, Seller's Permit or ID Number of Purchaser	State	State Registration, Seller's Permit or ID Number of Purchaser
AK		ID		MT		RI	
AL		IL		NC		SC	
AR		IN		ND		SD	
AZ		KS		NE		TN	
CA		KY		DE		TX	
CO		LA		NM		UT	
CT		MA		NE		VA	
DC		MD		NJ		VT	
DE		ME		NY		WA	
FL		MI		OH		WI	
GA		MN		OK		WV	
HI		MO		OR		WY	
IA		MS		PA			

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 Name: _____ Authorized Signature: _____

Title: _____ Date: _____