

## Register to become our dealer by following the 3 steps below:

- ① Fill out the Resale Certificate Form below, read and sign the enclosed Term and Policy.
- ② Attach your original **Seller's Permit**, **Business License** and a copy of your **Business Card**.
- ③ Fax ① and ② to Import Direct Furniture at **(626) 236-5485 Attn: New Account Dept.**

**Congratulations! Once your application has been approved, you will be notified by one of our associates with a confirmation and a Dealer's Kit will be provided at your request.**

### 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 **IMPORT DIRECT, INC.** of the item(s) I have listed in paragraph 5 below.  
[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 / Company Name				
Signature of Purchaser, Purchaser's Employee or Authorized Representative				
Printed Name of Person Signing			Title	
Address of Purchaser				
Telephone Number	Fax Number	Email	Website URL	Date

## TERMS and POLICIES

(IMPORTANT - PLEASE READ BEFORE PLACING YOUR ORDER)

- New & Existing Customer Policy: (Future Retailer) Customer must have and maintain a VALID seller permit, must be a Furniture Retailer with current address, and must sign under penalty certifying you as Furniture Store Selling Furniture. A valid state ID will be asked in order to prove that you are the legal owner and holder of the Seller's Permit.
- Pricing & Location: **West** (Regular & Net) Price: California Warehouse. **East** (Regular & Net) Price: New Jersey Warehouse. **South** (Regular & Net) Price: Georgia Warehouse.
- Payment: We accept Cash, Cashier's Checks, Wire Transfer, Money Orders, Checks, and most major Credit Cards (Credit Card Price will apply). Cash only for the first 4 orders on all new accounts.
- Returned Check & Collection Fees: All returned checks are subject to \$25.00 returned check fees. In the event collection action becomes necessary, we shall be free to collect all cost and expenses associated the same, including but not limited to attorney's fees and expenses.
- Payment Terms: Terms are available through our factors on approved credit only. Please use Credit Card Price when using terms. \*Please allow 2-4 business days for credit approval. Please contact us for more details.
- Shipment: All shipment FOB our domestic warehouse's **freight prepaid**.
- Direct Imports: Please contact our Direct Import Department for the program detail.
- Returns:
- Any claim for defective merchandise must be packed in Furniture of America's original boxes, without any writing or marks on the boxes. All eligible returns must be made through the same warehouse where the merchandise is purchased from.
  - Claims for defects or missing parts must be made within Sixty (60) days. No EXCEPTION.
  - Pictures are **required** to claim merchandise defect. Please email pictures to our Customer Service at:
 

<b>Western Region</b> (California)	Info@ImportDirectInc.com	Toll Free: (866) 923-8500
<b>Eastern Region</b> (New Jersey)	David@IEMofLinnerInc.com	Toll Free: (800) 282-6888
<b>Southern Region</b> (Georgia)	Info@GrandImport.com	Toll Free: (866) 446-2023
  - All returned shipment must be **freight prepaid** with RMA number and the original invoice. We will NOT accept any exchange or return on any used, previously displayed or assembled merchandise.
  - Any merchandise returned to Furniture of America due to error or damage incurred not on the part of Furniture of America is subject to 15% restocking fee without exception. **Freight expense incurred for any reason will be at the dealer's expense.**

Restocking Fee Detail:  
**15%** (Good, resalable condition in original package) \*Upon inspection by our customer service dept.  
**25%** (Good, resalable condition without original package) \*Upon inspection by our customer service dept.  
**50%** (Damaged but can be repaired) \*Upon inspection by our customer service dept.
  - Any claim for merchandise damaged in transit must be made through freight carrier. Before signing freight bill, please inspect all boxes for damages. (Please make sure carrier signs freight bill for any damages.)
  - We do NOT handle claims from consumers directly. All requests must go through the dealer who sold the merchandise to the consumer.
  - No cash refund. Exchange or credit only.
  - All sofa & mattress sales are final and are not eligible for return or exchange.
  - All merchandise is intended for **residential use only**. All damage caused by industrial, commercial, institutional, rental use and normal tear & wear are not eligible for return or exchange.

**I certify that I have read, understand, and agree to the terms set forth in this policy.**

**I further certify that I have received a copy of this policy.**

**Company:** \_\_\_\_\_ **Name** (Please Print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### CUSTOMER INFORMATION FILE REQUEST

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Seller Permit No.: \_\_\_\_\_

Business Hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Bill To Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Ship To Address 1: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Ship To Address 2: \_\_\_\_\_

Receiving Hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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**OFFICE USE ONLY**

Entered by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PAGES 4 & 5 TO BE COMPLETED ONLY IF APPLYING FOR TERMS

CREDIT APPLICATION

(1 of 2)

Applicant Information

Legal Company Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

(Corporation, LLC, Partnership, or Other/Specify)

Federal Tax ID#: \_\_\_\_\_ Business License#: \_\_\_\_\_

Sales Tax Exempt#: \_\_\_\_\_ Dun & Bradstreet #: \_\_\_\_\_

Principals / Officers: \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Amount of Credit Desired: \_\_\_\_\_

The following are 3 trade references that we presently doing business with:

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_



Distributed by Import Direct Furniture

Address: 19635 E. Walnut Drive North, City of Industry, CA91789

Phone: (866) 956-8500 Fax: (626) 236-5485 Website: www.FurnitureOfAmerica.com

## CREDIT APPLICATION

(2 of 2)

### Bank Information

Bank Reference Name: \_\_\_\_\_

Check Account Number: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Bank FAX: \_\_\_\_\_

Applicant will promptly notify Import Direct Furniture, Inc. if any financial or credit application information changes.

Applicant represents and warrants that all information now and hereafter supplied by or on behalf of the entity identified above to Import Direct Furniture, Inc. is true and correct and does not omit any information supplied to be materially misleading or incomplete.

Applicant hereby authorizes Import Direct Furniture, Inc. to obtain any information that may be required relative to this application from any source, including Applicant's financial and trade references. Applicant also hereby asks each source to provide such information.

By signing this application, it is agreed that payment on all accounts, resulting from the sale of goods and/or services, are due and payable **IN FULL, NO LATER** than 30 days after the date of the original invoice. \$25.00 fee will be charged for any late payment. In addition, an interest of 18% per annum will be applied to any unpaid or outstanding balance. 15% restocking charge will be applied for any canceled orders. Regular terms are net 30 days. Should litigation or collections action be necessary or result due to default of payment of above balance (plus interest due), all legal fees, court expenses, and any other reasonable expenses incurred by Import Direct Furniture, Inc. to enforce payment of the balance due on this account, will be paid by the party whose signature appears hereon.

The party signing this agreement acknowledges that he/she will be individually liable on this account, that he/she has full authority to act as agent for the party in whose name this agreement is placed, and that he/she may be jointly and severally liable with the party in whose name this agreement is placed.

Signed by President and/or Owner: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please return **Credit Application** by fax or mail. **Sales Tax Exempt** is also required for credit approval process.

**Fax:** (626) 236-5485

**Mail:** Import Direct Furniture, Inc. Attn: Credit Dept., 19635 E. Walnut Drive North, City of Industry, CA 91789