

Customer Profile (REQUIRED)

Complete Legal Business Name _____

Doing Business As _____

Address _____

City / State / Zip Code _____/_____/_____

E-mail address _____

URL _____

(_____) (_____) _____
Phone Number Fax Number

Check One: Proprietorship Partnership LLP Corp. LLC

Shipping Address (if different from above) _____

Is your shipping address a residence? Yes No

Check preferred shipping method: UPS FedEx

Check preferred method of payment: Cash Cashier Check Credit Card
 COD-Company Check (fax a copy, incl. Driver's License number and State)

Desired Password for access to www.techsmartsales.com _____

Principals:

1. (Name) _____

2. (Name) _____

Resale Certification (REQUIRED)

As purchaser, I certify that I am engaged in the business of selling, leasing or renting tangible personal property of the kind and type sold by your firm. Unless otherwise specified, I certify that all tangible personal property purchased on or after this date is to be resold, leased or rented by me. This certificate shall remain in effect unless revoked or cancelled in writing. I also certify that if the tangible personal property is withdrawn for use other than for resale, lease or rent, that I will report the transaction to the SC Department of Revenue as a withdrawal from stock and pay the tax thereon based upon the reasonable and fair market value, but not less than the original purchase price. Furthermore, I understand that by extending this certificate that I am assuming liability for the sales or use tax on transactions between your firm and me.

I warrant the information provided herein to be true. I, as an authorized officer, agree to pay Tech Smart Sales, Inc. within the terms of sale and understand that a \$35 service charge applies to all dishonored checks.

x _____ /_____/_____
Signature Printed Name Title Date

ALL APPLICATIONS HAVE TO INCLUDE A COPY OF THE RETAIL LICENSE TO BE CONSIDERED TAX EXEMPT.

Kind of business I am engaged in: _____

Items I sell, lease or rent: _____

(Print Name of Owner, Partner or Corp. Officer)

(Signature of Owner, Partner or Corp. Officer)

(Title)

(South Carolina Retail License Number, if not S.C. indicate the issuing state)

Federal Tax ID# : _____

Credit Card Authorization to Charge (OPTIONAL)

I hereby authorize Tech Smart Sales Inc. to charge my debit or credit card account. I agree not to dispute any credit card charges after sixty days of purchase.

Please check the card that you have: VISA MasterCard
 Discover Amex

Card Number: _____

Expiration Date: _____/_____/_____ CVV _____

Card Holder Name: _____

Card Holder Signature: _____

Billing Address (Including zip code)

Issuing Bank: _____

Phone # of Issuing Bank (_____) _____
(This information should be on the back of your card)

Is a copy of the credit card attached (check one)? Yes No