

Escada, Inc.

2710 NW 112th Avenue

MIAMI, FLORIDA 33172

TEL: (305)436-8520 / FAX: (305)436-9510

EMAIL: sales@escada1.com



Reseller Account Application

Business Information		Description Of Business	
Name of Business	In Business Since	No. of Employees	
Legal Name (If different from above)	Nature of Business	Business Structure () Own () Rent () Other	
Address	Business Structure () Corporation () Partnership () Proprietorship		
City	Website Address (if any)	E-mail Address	
State Zip Code Country	Subsidiary or Parent Company (If any)	Phone	
Phone Fax	Estimated Annual Sales	Contact A/P Name	
Federal Tax ID No.	Contact Purchasing Name	Name of Authorized Buyers	

Officers, Partners or Owners				
Name/Title	Address	D.O.B.	DL#/SS#	Phone
Name/Title	Address	D.O.B.	DL#/SS#	Phone

Bank References		
Bank Name	Contact Name	Checking Account No.
Address	Phone	Fax
Bank Name	Contact Name	Checking Account No.
Address	Phone	Fax

Trade References				
Firm Name	Address	Contact Name	Phone	Fax
Firm Name	Address	Contact Name	Phone	Fax
Firm Name	Address	Contact Name	Phone	Fax

Confirmation Of Information Accuracy And Release Of Authority To Verify			
<p>I hereby certify that the information provides in this credit application is correct and true. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit .</p>			
Signature	Print Name	Title	Date
_____	_____	_____	_____

Policy Statement: Initial order from new accounts will not be processed unless accompanied by the above requested information.



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Reseller Certificate Form

To Our Customers:

In compliance with Sales and Use Tax Laws it is necessary that we have from all of our customers a signed re-sale certificate, with their State Sales Tax Permit Number, to show that the merchandise has been purchased for re-sale.

The good faith of the seller will be questioned if they have knowledge of facts which give rise to a reasonable inference that a purchaser of particular merchandise is not engaged in the business of selling that kind of merchandise.

Under "Description of property to be purchased" there may appear

- (1) either an itemized list of particular property to be purchased for resale, or
- (2) a general description of the kind of property to be purchased for resale. Such certificate is good until revoked in writing.

PLEASE FILL OUT, SIGN, AND RETURN THIS FORM WITH A COPY OF YOUR RE-SALE CERTIFICATE TO US ASAP

<hr/> (Name Of Purchaser) <hr/>
<hr/> (Address Of Purchaser) <hr/>
HEREBY CERTIFY THAT I HOLD A VALID SELLERS PERMIT NO. _____
IN THE STATE OF _____, ISSUED PURSUANT TO THE SALES AND USE TAX LAW
THAT I AM ENGAGED IN THE BUSINESS OF SELLING _____
THAT TANGIBLE PERSONAL PROPERTY DESCRIBED HEREIN WHICH I SHALL PURCHASE FROM
ESCADA
WILL BE RESOLD BY ME IN THE FORM OF TANGIBLE PERSONAL PROPERTY PROVIDED, HOWEVER, THAT IN THE EVENT ANY OF SUCH PROPERTY IS USED FOR ANY PURPOSE OTHER THAN RETENTION, DEMONSTRATION, OR DISPLAY WHILE HOLDING IT FOR SALE IN THE REGULAR COURSE OF BUSINESS, IT IS UNDERSTOOD THAT I AM REQUIRED BY SALES AND USE TAX LAW TO REPORT AND PAY TAX, MEASURED BY THE PURCHASE PRICE OF SUCH PROPERTY.
DESCRIPTION OF PROPERTY TO BE PURCHASED: _____
DATED _____
_____ (Printed Name of Authorized Agent and Title)
PHONE () _____
_____ (Signature of Purchaser or Authorized Agent)

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Authorization To Release Confidential Information

BANK: _____ RE: _____

ADDRESS: _____

ACCOUNT: _____

FAX#: _____

ATTENTION: _____

DEAR SIR / MADAM:

Your bank has been given as a reference by subject account, which has authorized this request. We would appreciate the benefit of your experience concerning the financial responsibility and general standing of the firm. Any information you furnish will, course, be held in strict confidence.

Account Name: _____ Loans _____

Account Number: _____ Amount: _____

Date Opened: _____ Pays Promptly: _____

Average Balance: _____

Satisfactory: _____

NSF Checks: _____ Loans _____

Uncollected Funds: _____

Authorized Signatures: _____ AMOUNT _____

_____ PAYS PROMPTLY: _____

COMMENTS: _____

BY: _____ POSITION: _____ DATE: _____

The undersigned hereby authorized ESCADA, Inc. to make any inquires necessary to obtain Credit information regarding our account (s).

Company Name: _____ DATE: _____

Signature: _____ Title: _____