

# Syracuse Company, Inc.

ESTABLISHED 1909

1 GENERAL MOTORS DRIVE  
 BOX 381, SYRACUSE, N.Y. 13206  
 PHONE (315) 437-9971 • FAX (315) 437-8118

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Company Name \_\_\_\_\_ (Buyer) Type of Business \_\_\_\_\_  
 Address (for billing purposes) \_\_\_\_\_ Year Business Started \_\_\_\_\_  
 Telephone \_\_\_\_\_ Number of Business Locations \_\_\_\_\_

2 Business is a : ( Check one  and complete appropriate box)

PARTNERSHIP

LIST ALL PARTNERS

Name \_\_\_\_\_ Title \_\_\_\_\_ Age \_\_\_\_\_  
 Single  Married  Spouse's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City Zip  
 Previous Address \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Age \_\_\_\_\_  
 Single  Married  Spouse's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City Zip  
 Previous Address \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

INDIVIDUAL OWNERSHIP

Name \_\_\_\_\_ Title \_\_\_\_\_ Age \_\_\_\_\_  
 Single  Married  Spouse's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City Zip  
 Previous Address \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

DBA-Name \_\_\_\_\_  
 Address \_\_\_\_\_

Corporation under State laws of \_\_\_\_\_

Year of founding or incorporation \_\_\_\_\_

Officers  
 President \_\_\_\_\_  
 Home Address \_\_\_\_\_

Treasurer \_\_\_\_\_  
 Home Address \_\_\_\_\_

Other \_\_\_\_\_  
 Home Address \_\_\_\_\_

3 Bank - Please include complete address

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Authorization for bank credit inquiry \_\_\_\_\_ Banker \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby authorize the (name of bank) \_\_\_\_\_ to reveal credit information to Syracuse Glass Co., Inc. for the purpose of consideration of the establishment of trade credit.

Name of Account \_\_\_\_\_

Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Over →

**4. Trade References (3). Please include complete address. Please do not use oil companies, credit cards, IBM, Xerox or public utilities, since these firms will not confirm such information.**

1. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

3. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**5 Terms: 1% 10 days - net 30 days**

**FINANCE CHARGES**

It is understood that all purchases made during a given month are payable in thirty (30) days or no later than the end of the following month. Accounts not paid in accordance with these terms will be charged a 1 1/2% monthly service charge which is equivalent to 18% annual interest, which service charge the buyer promises to pay.

Date \_\_\_\_\_

Authorized signature of Company or Corporation \_\_\_\_\_

**REQUESTED LINE OF CREDIT: \$ \_\_\_\_\_**  
**SPECIAL BILLING REQUIREMENTS:**

- If you need more than one invoice copy, please state requirements \_\_\_\_\_
- Do you require purchase order numbers  Yes  No
- Sales Tax status
  - Taxable
  - Exempt/State number \_\_\_\_\_  
(If exempt, please include copy of your exemption certificate.)
  - Variable by purchase order

**Your Purchasing Procedures**

Name and title of person (if any) primarily responsible for purchasing.

Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_

Name of Accounts Payable person to be contacted with regard to financial commitments. \_\_\_\_\_

Name of person (s) authorized to sign checks.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

**PERSONAL GUARANTEE**

To induce Syracuse Glass Company ("Seller") to sell goods to Buyer, I (we, if more than one signature appears below) unconditionally guarantee Buyer's payment when due of all present and future amounts owed by Buyer to Seller, including interest and Seller's attorney's fees. All notices to, and demands on, me (us) are waived. This Guarantee is and shall be effective even if Buyer and Seller modify Buyer's payment terms. No delay or failure by Seller to act against Buyer or me (us) shall modify, reduce or release my ability to Seller under this unconditional guarantee.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for your time and effort in completing this application.

**DO NOT WRITE BELOW THIS LINE**

Date Credit Extended \_\_\_\_\_

Special Conditions \_\_\_\_\_

Signature \_\_\_\_\_



# Resale Certificate

Single-use certificate     Blanket certificate    Date issued \_\_\_\_\_  
Temporary vendors must issue a single-use certificate.

**Seller Information - please type or print**

Seller's name SYRACUSE GLASS COMPANY INC.			
Address ONE GENERAL MOTORS DRIVE			
City SYRACUSE	State NEW YORK	ZIP code 13206	

**Purchaser Information - please type or print**

I am engaged in the business of \_\_\_\_\_ and principally sell \_\_\_\_\_  
*(Contractors may not use this certificate to purchase materials and supplies.)*

**Part 1 - To be completed by registered New York State sales tax vendors**

I certify that I am:

- a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is \_\_\_\_\_
- a New York State temporary vendor. My valid Certificate of Authority Number is \_\_\_\_\_ and expires on \_\_\_\_\_

I am purchasing:

- A  Tangible personal property (other than motor fuel or diesel motor fuel)
  - for resale in its present form or for resale as a physical component part of tangible personal property;
  - for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or
- B  A service for resale, including the servicing of tangible personal property held for sale.

**Part 2 - To be completed by non-New York State purchasers**

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction \_\_\_\_\_ and have been issued the following registration number \_\_\_\_\_. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write *not applicable* on the line requesting the registration number.)

I am purchasing:

- C  Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.
- D  Tangible personal property for resale that will be resold from a business located outside New York State.

**Part 3 - Certification**

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

Please type or print

Purchaser's name as it appears on the sales tax registration		Name of owner, partner, or officer of corporation, authorizing the purchase	
Street address		Purchaser's signature	
City	State	ZIP code	Title

**Substantial penalties will result from misuse of this certificate.**