



BEACHCOMBERS COASTAL LIFE CREDIT APPLICATION

Dear Retailer,

Welcome to the Beachcombers Coastal Life family, we thank you for your business and look forward to many profitable years together.

We are an international wholesale gift and décor company. Grown on the beaches of Florida, we have been in operation for more than 70 years. We strive to provide you with the latest trends and fun beach/vacation themed gift items and accessories.

We carry imported home decor, seasonal and novelty, and apparel gifts for B2B Wholesale. Our sales program is not intended for individual consumer purchase.

Getting Started

Beachcombers only sells to Retail and Wholesale businesses, please email copy of your business license along with a copy of the use tax certificate enclosed.

Minimums: Beachcombers requires a \$300 minimum opening order and a \$100 minimum reorder.

Payment Information:

We accept Visa, MasterCard, American Express, Discover, check, or prepay. You can also apply for Net 30 terms. Net 30 days from date of invoice for accounts with established credit. Invoice balances not settled within 45 days of the original invoice date are subject to interest in the amount of 1 ½% per month with a maximum of 18% per annum. Credit application is enclosed to apply for terms, at Beachcombers sole discretion, on a case-by-case basis to current and active accounts.

1050 Aviator Drive Vacaville CA 95688 800-237-7080, fax 239-731-1100
customer@bccoastallife.com

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. 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 to Seller: Beachcombers Coastal Life

Address: 1050 Aviator Drive, Vacaville CA 95688

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

☐ Wholesaler

☐ Retailer

☐ Manufacturer

☐ Seller (California)

☐ Lessor (see notes on pages 2-4)

☐ Other (Specify) _____

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 service¹ 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: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RJ ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

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 Signature: _____
(Owner, Partner or Corporate Officer)

Title: _____

Date: _____



**BEACHCOMBERS COASTAL LIFE
CREDIT APPLICATION**

To be considered for credit, the company applying must have favorable references and fill out our credit application completely. This must include an authorized signature, guaranteeing payment.

Business Information: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

Number of years in business: _____ Number of stores: _____

Trade Name:		dba:	
Address:	City:	State:	Zip:
Telephone: ()		Fax: ()	Email Address:
Owner:		Accounts Payable Contact:	
(Please Send Copy)			
Tax ID#:	<input type="checkbox"/> Fed <input type="checkbox"/> State	Sales Tax Exemption#:	SS#:
SHIP TO NAME AND ADDRESS (If different than above):			
Address:	City:	State:	Zip:

Method of Payment: ☐ Net 30 ☐ Prepaid ☐ Credit Card#: _____ ☐ Exp: _____

Bank References:

Bank Name: _____ **Account#:** _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

Trade References:

1. Company Name: _____ **Account#:** _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

2. Company Name: _____ **Account#:** _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

3. Company Name: _____ **Account#:** _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____

I specifically authorize the aforementioned BANK to release information to Beachcombers Coastal Life, concerning our CHECKING, SAVINGS AND LOAN ACCOUNTS. Furthermore, I specifically authorize the aforementioned TRADE REFERENCES to release information concerning our business relationship. Individual also agrees to pay service charges of 1.5% per month in the event the account becomes past due in accordance with the term of sale. Applicant agrees to pay all fees and collection cost in the event this account is placed for collection. All accounts are reported to the National Credit Bureaus.

Should this account become delinquent and require that a civil suite be filed to collect debt, then venue shall always be within the county of Solano, State of California. The prevailing party would be entitled to attorney fees as well as all costs associated with the collection of the debt. Pre-judgment interest shall accrue at a rate of 18% per annum.

I hereby authorized the person of firm to who this order is made, any credit bureau or their investigative agency employed by such person to check my credit and financial responsibility. Signature binds applicant to personally guarantee payment of balance due.

Name: _____ Title: _____