



NEW ACCOUNT INFORMATION

688 ARROW GRAND CIR. • COVINA, CA 91722
PH (626) 732-4555 • FAX (626) 732-4535
www.pacwestfurn.com • www.royal-mattress.com

Date: _____

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

We operate _____ We have been established _____ years
(Type of Business)

Business type: Sole Proprietorship Partnership Corporation in State of _____
(If a Corporation, list names of officers and titles. If other entity, list names of partners or owners.)

Name	Address	City	Phone

Annual sales volume: _____ No. of salesmen: _____

CALIFORNIA RESALE CERTIFICATE

FIRM NAME _____

I HEREBY CERTIFY,

That I hold valid seller's permit No. _____
issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling Furniture/Mattresses
that the tangible personal property described herein which I shall purchase from:

Pacific West Furniture Mfg., Inc. DBA Royal Mattress Mfg.

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 the Sales and Use Tax Law to report and
pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: Furniture/Mattresses

Dated: _____ Signature _____

At _____ By and Title _____

Phone _____ Address _____

FOR OFFICE USE ONLY

Sales Representative	Terms	#