

Resale Certificate and Credit Application Please Email to office@gcondeswines.com or Fax to 707-935-9518

BUSINESS NAME:	
STREET ADDRESS:	
CITY:	ZIP:
PHONE:	FAX:
OWNER:	
EIN:	BANK:
ABC:	RESALE#:
AP CONTACT NAME	
AP EMAIL:	PHONE:
CALIFORNIA RESALE CERTIFICATE I HEREBY CERTIFY: 1. I hold valid seller's permit number ("resale #") indicated above. 2. I am engaged in the business of selling the following type of tangible personal property: WINE 3. This certificate is for the purchase from GREGORY CON DES WINES LLC of the items I have listed in paragraph 5 below. 4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law. 5. Description of property to be purchased for resale: Wine from France, Spain, Italy, Austria, and United States.	
AUTHORIZATION AND PERSONAL GUARANTEE	
find it necessary to obtain assistance in collection other rate allowable by State law), reasonable LLC option, jurisdiction and venue of any suit be statement and application has been received. I	ance with the terms of sale as stated on the invoice(s). Should Gregory Condes Wines LLC ing any past due balance, I/we agree to pay interest at the rate of 1 ½% per month (or such attorney fees, collection fees and/or court costs allowable by law. At Gregory Condes Wines brought to collect this account shall be had in San Francisco, California. A copy of this hereby assume personal responsibility for payment of said business's account. It is o said corporation/company without this assumption of liability.
SIGNATURE:	
NAME:	TITLE: