



36 Discovery Suite 200
 Irvine, CA 92618
 (800) 582-6492 Fax (949) 362-2250
 www.TamiyaAccess.com

Customer Information

Business

Legal Business Name _____

AKA or DBA _____

Billing/Mailing Address _____

Store Phone _____

Office Phone _____

Fax _____

e-mail _____

www. _____

Shipping Address (if different) _____

Store Manager _____

Buyer (s) _____

Bookkeeper _____

Email Address _____

Resale: Brick & Mortar Retailer Internet / E-Commerce Catalog / Mail Order

Ownership: Sole Proprietor Partnership Corporation Other _____

Year established _____ Year incorporated _____ State of _____

Federal ID # _____ State Resale Certificate # _____ DUNS # _____

Proprietor, Partners or Officers:

Title	Name	SS #	Home Address	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business References (List Wholesale Hobby Suppliers only)

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account # _____ Terms _____ Credit Line _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Account # _____ Terms _____ Credit Line _____

3. Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Account # _____ Terms _____ Credit Line _____

The Applicant testifies to the truthfulness, completeness and accuracy of the above stated information. Also, the Applicant has read and acknowledges the terms and conditions set forth in the Tamiya America, Inc. Standard Sales Policy.

Signature _____ Date _____

Title _____

STOP HERE if you are paying only with a Credit Card
(If applying for Net 30 day terms, please complete the following section)

Credit Application

Applicant hereby expressly authorizes Tamiya America, Inc. to obtain any information it considers necessary from any source, including, without limitation, any party referenced in this Credit Application. The Applicant hereby acknowledges that Tamiya America, Inc. receipt or consideration of this Credit Application does not in any way, bind or obligate, Tamiya America, Inc. to provide any extension of credit.

If approved for Net 30 day terms, Applicant hereby agrees that all invoices will be paid within terms. If payment is returned by Applicant's bank for any reason, a \$25.00 processing fee will be charged. The Applicant also agrees to pay interest at the rate of 1.5% per month on all past due balances. Upon failure of the Applicant to pay any indebtedness when due, Tamiya America, Inc. may declare the entire balance of all indebtedness in default, in which case all invoices shall become immediately due and payable. In the case of collection proceedings for non-payment of account, Applicant is liable for all costs and attorney fees.

Banking Reference

Bank _____ Contact _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Checking account # _____ Savings account # _____

Loan account # _____

If Tamiya America, Inc. requests, applicant will execute a personal guarantee *Check Here*

Signature _____ Date _____

Title _____

Please sign and return to:

**Tamiya America, Inc.
36 Discovery Suite 200
Irvine, CA 92618-3765**

or via FAX to: 949-362-2250

Call for information:

**Sales Department (800) 582-6492
East (ext. 3421)
Midwest (ext. 3454)
West (ext. 3442)
California (call general number above)**