



Imaging Gateway

**Ink Master**  
www.inkmasterusa.com

Tel: 562-483-4515 Fax: 562-207-1487  
16635 Valley View Avenue, Cerritos, CA 90703

## CERTIFICATE OF RESALE

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(Name of Purchaser)

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(Company Name)

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(Company Address)

I HEREBY CERTIFY: That I hold valid seller's permit No.

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Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

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that the tangible personal property, described herein which I shall purchase from:

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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 tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased

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Date: \_\_\_\_\_, 20\_\_\_\_

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(Signature of Purchaser or Authorized Agent)

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(Title)



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**CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

TO: Credit Department  
Ink Master  
16635 Valley View Ave.,  
Cerritos, CA 90703

I, \_\_\_\_\_, hereby authorize INK MASTER to use the following Credit Card information to charge purchases made at INK MASTER.

I agree to pay the above said charges, and I will not default on this agreement. In the event that this agreement shall be in default and placed for collection, then the undersigned agrees to pay all reasonable attorney fees and costs of collection.

\_\_\_\_\_  
Cardholder's Full Name

\_\_\_\_\_  
Cardholder's Credit Card Address

\_\_\_\_\_  
Cardholder's Credit Card Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Credit Card Account Number

\_\_\_\_\_  
Credit Card Expiration Date

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Company Name

Please sign this form and fax it to **us with copy of the credit card.**



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**PERSONAL GUARANTEE OF PAYMENT**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, OF \_\_\_\_\_,  
(NAME) (HOME ADDRESS)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(CITY) (STATE) (ZIP)

WILL PERSONALLY GUARANTEE THE FAITHFULL PAYMENT WHEN DUE OF ALL PURCHASES.

Made by: \_\_\_\_\_,  
(Company Name)

located at \_\_\_\_\_,  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

The undersigned guarantor hereby expressly waives all notice of acceptance of the guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor of dishonor or default by applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Home Telephone Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Work Telephone Number)

\_\_\_\_\_  
(Social Security Number)