

- **Damaged Shipments**

Please check your shipment upon receipt and contact our customer service if there are any damages. Save all packing materials for claims inspector. Provide the original invoice or a packing slip. All damage claims must be reported within 10 business days of receipt of goods. Refunds will not be given on open film packages or rolls. Before returning any item, please call with your original invoice number to receive a Return Authorization.

- **Customer Service Hours**

Circuit Bridge Customer Service hours of operation are 9:00 a.m. to 5:00 p.m. PST, Monday through Friday. Circuit Bridge is closed Saturdays, Sundays, and all major holidays. The Circuit Bridge Customer Service department may be reached by calling 408.428.9414, faxing to at 408.428.9411, or emailing customerservice@cbridge.com.

- **Reservations**

All information submitted by the applicant shall be reviewed by Circuit Bridge, LLC. Circuit Bridge reserves the right to accept or reject the application and any or all supporting documentation at its sole discretion. Any such determination by Circuit Bridge shall be final. Circuit Bridge, LLC reserves the right to change the account application at its discretion for any reason. Circuit Bridge reserves the right to review and/or suspend or close any account at its discretion. Please complete the application (including the signature) and return it to Circuit Bridge. By submission of the signed application, the applicant agrees to adhere to all Circuit Bridge, LLC policies including but not limited to those provided above.

- **Licensing**

All Circuit Bridge ReadyMade™ designs are licensed, not sold.

- **Copyrights**

To the extent applicable, all Circuit Bridge products and designs are copyrighted by and trademarks of the Circuit Bridge, LLC. Unless otherwise authorized, reproduction of the contents of the Circuit Bridge product brochures, ReadyMade™ designs, project guides, or supplements by electronic, mechanical, or other means are prohibited. Circuit Bridge, LLC vigorously protects its copyrights, patents, and trademarks.

To complete the account application you will need to download the PDF file, fill it out, sign it, and then fax it to 408.428.9411

Or mail it to

Circuit Bridge, LLC
722 Charcot Ave
San Jose, CA 95131

Prices and policies are subject to change without notice.

*Thank you,
We appreciate your business*

Circuit Bridge Sales Team

Circuit Bridge, LLC

www.cbridge.com

1585 North 4th Street, Suite F, San Jose, CA 95112

Telephone 408.392.0435

Fax 408.392.0423

DOMESTIC WHOLESALER ACCOUNT APPLICATION CHECKLIST

Business Name: _____

Primary Contact Name: _____

Phone Number: _____ Email: _____

Submission Date: _____

-
- A completed Account Application
 - A photocopy of your State Tax Resale Form showing your State Tax Resale Number.
 - A photocopy of your Federal Tax Identification Form showing your Federal Tax Identification number.
 - Photocopy of your business license or state registration documentation.
 - Proof of domain name registration (if you intend to sell Circuit Bridge Products on an Internet web site).
 - Indicate whether you plan to use a credit card to purchase products from Circuit Bridge by completing the Credit Card Authorization Form.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: MAIL FAX COMPLETE: YES NO

CONFIRMATION EMAIL (OF SUCCESSFUL APPLICATION) SENT: _____

APPLICATION PROCESSING

DATE SUBMITTED: _____ PROCESSED BY: _____

ACCOUNT APPROVED YES NO

TERMS (IF APPLICABLE): _____

ACCOUNT NUMBER: _____

ACCEPTANCE LETTER MAILED (DATE): _____

SENT BY: _____

Comments:

09/24/2008 Revision
Circuit Bridge, LLC

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www.cbridge.com

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Telephone 408.392.0435

Fax 408.392.0423

CREDIT CARD AUTHORIZATION

BUSINESS NAME: _____ PRIMARY CONTACT: _____

ACCOUNT NUMBER: _____

CREDIT CARD INFORMATION

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ EXP DATE: _____

Alternatively, last four digits of the credit card can be supplied. A phone call to the Circuit Bridge Customer Service with the full credit card number will be required.

CARD HOLDER'S NAME: _____
(EXACTLY AS IT APPEARS ON THE CREDIT CARD)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD HOLDER PHONE NUMBER: _____

I, _____ (CARD HOLDER) authorize Circuit Bridge, LLC to place on file (confidentially and securely) the credit card information provided above and authorize Circuit Bridge, LLC to use this credit card as the primary method of payment when making purchases.

CARD HOLDER SIGNATURE: _____

CARD HOLDER NAME (PRINT): _____

DATE SIGNED: _____

NOTE: If only last four digits of the credit card were supplied, call Circuit Bridge Customer Service and provide them your full credit card number. When placing an order by phone the order entry employee will confirm the last four digits of this credit card. When an order is received by fax or via the Circuit Bridge web based store front, the credit card on file will be used to pay for your order unless you specify otherwise on the order. Do not place your full credit card number on the order form. To make changes to your credit card information, please contact Circuit Bridge Customer Service.

FOR OFFICE USE ONLY

ACCOUNT UPDATED (DATE): _____

UPDATED BY: _____

CREDIT CARD AUTHORIZATION FORM FILED (DATE): _____

FILED BY: _____

CONFIRMATION EMAIL SENT (DATE): _____

SENT BY: _____

09/11/2008 Revision
Circuit Bridge, LLC

CIRCUIT BRIDGE, LLC DOMESTIC WHOLESALER ACCOUNT APPLICATION

1585 North 4th Street, Suite F, San Jose, CA 95112, Telephone 408.392.0435, Fax 408.392.0423 www.cbridge.com
09/11/2008 Revision

COMPANY NAME: _____

DBA: _____

NAME OF OWNER: _____

TYPE OF BUSINESS: CORPORATION PROPRIETORSHIP PARTNERSHIP OTHER: _____

STORE TYPE: BRICK AND MORTAR RETAIL STORE FRONT ONLINE STORE FRONT

COMPANY ADDRESS: _____

RESIDENTIAL ADDRESS COMMERCIAL ADDRESS

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

DAYS & HOURS OF OPERATION: _____ WEB SITE: _____

AUTHORIZED BUYER: _____ BUS PHONE: _____

EMAIL ADDRESS: _____ HOME PHONE: _____

AUTHORIZED BUYERS:
1. _____

2. _____

PREFERRED METHOD OF PAYMENT

CREDIT CARD (SEPARATE FORM) COMPANY CHECK MONEY ORDER

COMPANY CHECK APPROVAL

CASHIERS CHECK OR MONEY ORDER: _____ COMPANY CHECK: _____

DRIVERS LICENSE NUMBER: _____ SS NUMBER: _____

NAME OF BANK: _____

BANK ACCOUNT NUMBER: _____

CITY/STATE: _____ BANK PHONE NUMBER: _____

I hereby authorize the bank listed above to release the information requested by Circuit Bridge, LLC concerning

our account(s).

AUTHORIZED SIGNATURE	TITLE	DATE
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RESALE INFORMATION (IF APPLICABLE):

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 _____ that the tangible personal property described herein which I shall purchase from : _____ will be resold by me in the form of tangible 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 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: _____

Date: _____, _____ Printed Name of Purchaser: _____

Phone: _____ By and Title: _____

SIGNATURE OF PURCHASER OR AUTH AGENT

CREDIT REFERENCES

NAME: _____

CONTACT: _____

PHONE: _____ FAX: _____ EMAIL: _____

ADDRESS: _____

NAME: _____

CONTACT: _____

PHONE: _____ FAX: _____ EMAIL: _____

ADDRESS: _____

A FINANCE CHARGE OF 1.5% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% PER ANNUM, WILL BE CHARGED ON THE UNPAID BALANCE OF PAST DUE ACCOUNTS. THE PURCHASER AGREES TO PAY ANY AND ALL FEES FOR COLLECTIONS, ATTORNEY, AND COURT FEES AFTER DEFAULT AND REFERRAL TO COLLECTIONS OR AN ATTORNEY.

CIRCUIT BRIDGE, LLC RESERVES THE RIGHT TO TERMINATE ANY ACCOUNT FOR ANY REASON.

SIGNATURE OF OWNER: _____

DATE: _____

PRINT NAME: _____ TITLE: _____

FOR OFFICE USE ONLY

APPROVAL DATE: _____

APPROVED BY: _____