



**US GLASS**  
TEMPERING INC.

**2502 WILLIAMS STREET. SAN LEANDRO, CA 94577**

866-406-6941 Main phone

[www.usglasstemp.com](http://www.usglasstemp.com)

Please send back to AR Dept.  
[accounting@usglasstemp.com](mailto:accounting@usglasstemp.com)  
(e-mail)

**General Company  
Information:**

AMOUNT: \_\_\_\_\_ SALES REP: \_\_\_\_\_

Company Name:			
DBA (if different)			
Address: City/State/Zip:			
Phone#:			
Fax #:			
E-mail:			
Date Business Established:			
Type of products you will purchase:			
EIN or SSN #:			
Type of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
# of employees:			

**Corporations or Partnerships:** (skip this section if you are a sole proprietor) Please list the following information for the company's chief corporate officers or partners:

**State of Incorporation:** \_\_\_\_\_

Name:		Phone #:	
Address: City/State/ Zip:		Title: E-mail:	

Name:		Phone #:	
Address: City/State/ Zip:		Title: E-mail:	

**All Businesses: (so that we can better serve you)**

**Has this company ever had credit with us before?**

YES  
 NO

If yes, under what name? \_\_\_\_\_

**Is this company tax exempt?**  YES  NO

If yes, please send us your resale form/card so that we can put the information into our system appropriately

**Does your business require purchase orders?**  YES  NO

**Does your business want confirmations?**  YES  NO

E-MAIL \_\_\_\_\_

**\* Vendor references are required if applying for terms**

**Method for receiving invoices?**  E-MAIL  FAX  PRINT & MAIL

(Accounts Payable information) (Statements will also be sent via this method)

**AP e-mail address:** \_\_\_\_\_

**AP mailing address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank Reference:**

Name/ Contact Person:		Phone #: Fax #:	
Address: City/State/ Zip:		Account #:	

**Vendor References: (PLEASE NOTE: you must have been in business for at least 1 year)**

Name:		Phone #:	
Address: City/State/ Zip:		AR Fax #: Account #	

Name:		Phone #:	
Address: City/State/ Zip:		AR Fax#: Account #	

Name:		Phone #:	
Address: City/State/ Zip:		AR Fax #: Account #	

Name:		Phone #:	
Address: City/State/ Zip:		AR Fax#: Account #	

Name:		Phone #:	
Address: City/State/ Zip:		AR Fax #: Account #	

**\* Personal and/or business credit reports will be run to determine the credit worthiness of the person(s) or business that applies for credit. Equifax is updated monthly on each account status.**

**NOTE: If you would like a copy of the credit report please mark the box**

**I have read and understand the terms and conditions stated above and agree to all these terms and conditions.**

Dated:	Month _____ Day _____ Year <u>20</u> _____
Guarantor (print name):	
Guarantor Signature:	
Home/Cell #:	

Dated:	Month _____ Day _____ Year <u>20</u> _____
Guarantor (print name):	
Guarantor Signature:	
Home/Cell #:	

## California Resale Certificate

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_
2. I am engaged in the business of selling the following type of tangible personal property:  
\_\_\_\_\_
3. This certificate is for the purchase from US GLASS TEMPERING of the item(s) I have listed in paragraph 5 below.  
\_\_\_\_\_ [Vendor's name]
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:  
\_\_\_\_\_

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

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NAME OF PURCHASER

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SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

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PRINTED NAME OF PERSON SIGNING

---

TITLE

---

ADDRESS OF PURCHASER

---

TELEPHONE NUMBER

---

(      )

---

DATE

# CREDIT CARD AUTHORIZATION FORM

US Glass Tempering  
2502 Williams St  
San Leandro, CA 94577

Phone: 866-406-6941

Email: [accounting@usglasstemp.com](mailto:accounting@usglasstemp.com)

Business Hours: Monday through Friday, 9:00 AM - 5:00 PM PT

## 1. BUSINESS INFORMATION

This Credit Card Authorization Form (the "Authorization") is entered into between US Glass Tempering, a business operating in the State of California with its principal place of business at 2502 Williams St, San Leandro, CA 94577 (hereinafter referred to as "Company," "we," "us," or "our") and the individual or entity identified in Section 2 below (hereinafter referred to as "Customer," "you," or "your").

## 2. CUSTOMER INFORMATION

Customer/Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **3. CREDIT CARD INFORMATION**

Card Type (check one):  Visa  MasterCard  American Express  Discover

Cardholder Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

CVV Code (3 or 4-digit security code): \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

### **4. AUTHORIZATION AND CONSENT**

By completing and signing this Authorization, I, the above-named Customer and/or authorized representative, hereby authorize US Glass Tempering to charge the credit card identified above for payment of goods and services provided by the Company. I understand and acknowledge that:

- a) This Authorization constitutes my written permission for US Glass Tempering to charge my credit card for variable amounts, as described in Section 5 below, for as long as I maintain an account with the Company or until this Authorization is canceled in accordance with Section 7 below.
- b) I am an authorized user of the credit card specified above and am authorized to enter into this binding agreement.
- c) I understand that this Authorization will remain in effect until I cancel it in writing in accordance with the cancellation procedures outlined in Section 7.
- d) I agree that electronic signatures and electronic records related to this Authorization shall be valid and enforceable to the same extent as original signed documents.
- e) I acknowledge that I have received a completed copy of this Authorization for my records.

## **5. TRANSACTION DETAILS AND AMOUNT AUTHORIZATION**

- a) Authorized Products/Services: This Authorization applies to charges for Glass & Hardware products and services provided by US Glass Tempering.
- b) Variable Amount Authorization: I authorize US Glass Tempering to charge my credit card for variable amounts based on the products and services I order or receive. The amount charged will correspond to the price of the specific Glass & Hardware products and services provided, plus applicable taxes and fees.
- c) Transaction Range: I understand that individual transactions may range from a minimum of \$100.00 to a maximum of \$50,000.00 per transaction, depending on the products and services ordered.
- d) No Processing Fee: US Glass Tempering will not charge a separate processing fee for credit card payments. All processing costs are absorbed into the regular pricing of products and services.
- e) Multiple Transactions: I understand that multiple transactions may be processed under this Authorization as needed to fulfill orders or provide ongoing services.

## **6. BILLING AND NOTIFICATION PROCEDURES**

- a) Advance Notice: US Glass Tempering will provide email notification at least five (5) business days before processing any charge to my credit card. This notification will be sent to the email address I have provided in Section 2 of this Authorization.
- b) Notification Content: The notification will include:
  - i. Description of the products or services being charged
  - ii. Amount to be charged
  - iii. Anticipated date of the charge
  - iv. Contact information for billing inquiries

- c) Notification Email: All billing notifications will be sent from [accounting@usglasstemp.com](mailto:accounting@usglasstemp.com). I agree to add this email address to my approved senders list to ensure receipt of these important notifications.
- d) Declined Transactions: If a charge is declined, US Glass Tempering will:
  - i. Attempt to contact me using the contact information provided in Section 2
  - ii. Request updated payment information
  - iii. Provide a reasonable timeframe to update payment information before attempting to reprocess the charge
  - iv. Reserve the right to suspend services or delay order fulfillment until payment is successfully processed
- e) Card Updates: I agree to promptly notify US Glass Tempering of any changes to my credit card information, including but not limited to: card number, expiration date, billing address, or other relevant details that may affect payment processing.

## **7. DURATION AND CANCELLATION RIGHTS**

- a) Duration: This Authorization shall remain in effect for as long as I maintain an account with US Glass Tempering or until canceled in accordance with the procedures outlined below.
- b) Cancellation by Customer: I may cancel this Authorization at any time by providing written notice (via email to [accounting@usglasstemp.com](mailto:accounting@usglasstemp.com) or via postal mail to the Company's address) at least thirty (30) days prior to the desired cancellation date. The notice must include:
  - i. My full name and contact information
  - ii. The last four digits of the credit card to be removed
  - iii. A clear statement of my intent to cancel this Authorization
  - iv. My signature (physical or electronic)

c) Cancellation by Company: US Glass Tempering reserves the right to cancel this Authorization at any time by providing written notice to me at least thirty (30) days prior to the cancellation date.

d) Effect of Cancellation: Cancellation of this Authorization does not relieve me of the obligation to pay for products or services already provided or ordered prior to the effective date of cancellation. Alternative payment arrangements must be made for any outstanding balances.

e) Final Charges: US Glass Tempering may process final charges to my credit card after receiving cancellation notice for any outstanding balances, provided that proper notification is given in accordance with Section 6.

## **8. CONSUMER PROTECTION DISCLOSURES**

a) Liability Limitation: Under federal law, my liability for unauthorized use of my credit card is limited. If I notify US Glass Tempering of unauthorized charges, my maximum liability is \$50.00, subject to applicable law and card issuer policies.

b) Billing Error Rights: I have the right to dispute charges that I believe are erroneous. To preserve these rights, I must notify US Glass Tempering in writing within 60 days of the date the charge first appeared on my credit card statement.

c) Refund Policy: Refunds, when applicable, will be processed to the same credit card used for the original transaction, unless otherwise agreed upon in writing.

d) Cancellation Rights: I have the right to cancel this Authorization as described in Section 7. Cancellation of this Authorization does not automatically cancel any orders or services I have requested.

e) Non-Discrimination: US Glass Tempering will not discriminate against me for exercising any rights under applicable consumer protection laws.

## **9. DISPUTE RESOLUTION PROCEDURES**

a) Designated Contacts: For any payment disputes or questions regarding this Authorization, I may contact Tawnya Taylor or Kayla Gibson at:

- Phone: 866-406-6941 during business hours (Monday through Friday, 9:00 AM - 5:00 PM PT)

- Email: [accounting@usglasstemp.com](mailto:accounting@usglasstemp.com)

b) Dispute Process:

i. I agree to notify US Glass Tempering of any disputed charges before initiating a chargeback with my credit card issuer.

ii. US Glass Tempering will respond to all disputes within five (5) business days of receipt.

iii. US Glass Tempering will provide documentation supporting the charge, including order details, delivery confirmation, and any other relevant information.

c) Chargeback Response: I understand that US Glass Tempering will automatically contest all chargebacks with full documentation. By signing this Authorization, I acknowledge that legitimate charges for products and services I have ordered or received are authorized and valid.

d) Resolution Timeline: US Glass Tempering will work diligently to resolve any disputes within thirty (30) days of notification.

e) Records Access: Upon request, US Glass Tempering will provide copies of relevant transaction records, subject to reasonable limitations and privacy considerations.

## **10. DATA SECURITY AND RETENTION POLICIES**

a) Security Measures: US Glass Tempering implements the following security measures to protect my credit card and personal information:

i. Digital storage with industry-standard encryption

ii. Limited access controls restricting information to authorized personnel only

iii. Secure transmission protocols for all electronic communications containing payment information

iv. Regular security assessments and updates to maintain compliance with current security standards

- b) **Retention Period:** US Glass Tempering will retain this Authorization and related payment records for seven (7) years after the final transaction processed under this Authorization, in accordance with tax and legal compliance requirements.
- c) **Information Use:** My credit card and personal information will be used solely for the purpose of processing authorized transactions and for legitimate business purposes related to my account.
- d) **Information Sharing:** US Glass Tempering will not share my credit card information with third parties except as necessary to complete authorized transactions or as required by law.
- e) **Access to Information:** I may request access to my stored personal information by contacting US Glass Tempering in writing. Reasonable verification of identity will be required before information is released.

## **11. REQUIRED LEGAL DISCLOSURES AND COMPLIANCE STATEMENTS**

- a) **Information Collection:** US Glass Tempering collects and uses personal information in accordance with applicable laws, including California Civil Code § 1747.08, which restricts the collection of personal identification information during credit card transactions.
- b) **Electronic Communications:** By providing my email address, I consent to receive electronic communications regarding my account, transactions, and this Authorization.
- c) **Governing Law:** This Authorization shall be governed by and construed in accordance with the laws of the State of California, without giving effect to any choice of law or conflict of law provisions.
- d) **Entire Agreement:** This Authorization constitutes the entire agreement between the parties with respect to credit card payment authorization and supersedes all prior or contemporaneous communications and proposals, whether electronic, oral, or written.
- e) **Severability:** If any provision of this Authorization is found to be unenforceable or invalid, that provision shall be limited or eliminated to the minimum extent necessary so that this Authorization shall otherwise remain in full force and effect and enforceable.

## 12. SIGNATURE AND DATE

By signing below, I acknowledge that I have read, understand, and agree to be bound by all the terms and conditions of this Credit Card Authorization Form.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

## FOR INTERNAL USE ONLY

Authorization Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization ID: \_\_\_\_\_