



5423 "G" Street, Chino, CA 91710, USA. Tel: 909-548-0339, Fax: 909-548-0863
Sales: sales@puregen.com Website: www.puregen.com

CALIFORNIA RESALE PERMIT

*Name of Purchaser: _____

*Address of Purchaser: _____

*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 from: _____

Will be resolved by 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 if 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: PUREGEN TECHNOLOGY INC. _____

*NAME OF PURCHASER	
*SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE	
*PRINTED NAME OF PERSON SIGNING	*TITLE
*ADDRESS OF PURCHASER	
TEL NO.	*DATE

*REQUIRED AREAS



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CREDIT APPLICATION

*COMPANY NAME _____ *PHONE _____
 *FAX _____
 *OWNER, PROPRIETOR
 OR PARTNER NAME _____
 *PRINCIPALES _____
 *STREET ADDRESS _____
 *CITY _____ *STATE _____ *ZIP CODE _____
 *PRESENT LOCATION SINCE _____ *YEAR ESTABLISHED _____
 *IS BUSSINESS INCORPORATED _____ *UNDER THE LAW OF WHAT STATE _____
 *EMAIL _____

TRADE REFERENCES

*ACCOUNT NO. _____
 *COMPANY NAME _____ *PHONE _____
 *FAX _____
 *ADDRESS _____ *STATE _____ *ZIP CODE _____

*ACCOUNT NO. _____
 *COMPANY NAME _____ *PHONE _____
 *FAX _____
 *ADDRESS _____ *STATE _____ *ZIP CODE _____

*ACCOUNT NO. _____
 *COMPANY NAME _____ *PHONE _____
 *FAX _____
 *ADDRESS _____ *STATE _____ *ZIP CODE _____

*BANK INFO _____ *PHONE _____
 *ACCOUNT NO. _____ *FAX _____
 *PLEASE CIRCLE BASIS ON WHICH YOU PAY 30 45 60 DAYS

I AUTHORIZE THE ABOVE MENTIONED BANK TO RELEASE THE INFORMATION.

*SIGNATURE _____ *DATE _____
 TITLE _____

*REQUIRED AREAS



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FAX ORDER FORM

_____ * Company Name	_____ *Contact Name	_____ *Phone Number	_____ *Fax Number
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If first time purchase, fax a copy of your resale permit with this order.

Ship to: _____
 *Name _____

 *Address _____

 *City, State & Zip _____

 *Email address _____

Part #	Description	QTY	Price	Total
Total				

Preferred Shipping Method Partial ship OK? Yes or No (Not including tax or freight)

() Pre-pay and add () Will call () Other _____

() Visa () Master Card *Card No.: _____

*Cardholder's Name _____ *Exp. Date: _____

*Signature _____

Signature attests financial responsibility, and agreement to pay our invoices in accordance W/ our terms.

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Memo

