

Company Name:			
Business Type:		Open Date:	
Address:			
City:	State:	Zip:	
Fax:	Email:		
Company Website:			
Do you have a showroom?	Number o	f showroom locations?	
Yes, please sign me up to receive of	exclusive access to new pr	roduct promotions, special sales and $\epsilon$	event invites!
Email:			
Accounting Contact:	Phone:	Email:	
Primary Contact:	Phone:	Email:	
Alternate Contact:	Phone:	Email:	
EIN/Contractor License Number:			
Do you require a sales rep?			

Will you be reselling purchased material? If so, please complete the resale form included.

All orders must include sales tax, until the form is received completed.

If you would like to keep a credit card on file, please complete the Credit Card Authorization form included.

## Fax or email back to:

479-365-6999 or <a href="mailto:Springdale.Operations@qdisurfaces.com">Springdale.Operations@qdisurfaces.com</a>

All sales orders emailed to: <a href="mailto:Springdale.Operations@qdisurfaces.com">Springdale.Operations@qdisurfaces.com</a>

www.QDIsurfaces.com 3046 North Thompson Street, Springdale, AR 72764 479-365-6555

## STATE OF ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION SALES AND USE TAX SECTION

## **EXEMPTION CERTIFICATE**

GR-53 & AR Code 26-52-517(b)(1), (e), and (f)

Arkansas Sales/Use Tax F nonresident purchaser or t issued by the State of current and valid permit n	er hold or am the authorized representative of the holder of Permit Number, or that I am a she authorized representative thereof and hold a similar permit, Number, that this is a umber; and that I am exempt from sales and use tax on the purchased from
•	by tangible personal property purchased exempt under this m stock or otherwise used, that I will report the tax due under aw and Rules.
•	ndise to be purchased: (Please give a specific identification or dan additional statement may be attached hereto.)
The merchandise purchas	ed is exempt for the following reason:
Purchaser's business activ	rity:
Purchaser's Business Nan	ne (as stated on permit) Purchaser's Signature
Address	Title/Position with Company
Citv. State. Zip	Date

Notice to sellers: A seller who follows all applicable exemption requirements is relieved from any tax even if it is determined that the purchaser improperly claimed an exemption. However, if the seller fraudulently fails to collect the sales tax, solicits a purchaser to participate in an unlawful claim of an exemption, or accepts an entity-based exemption for which an exemption is not available in the State of Arkansas, the seller will be responsible for the sales tax due on the transaction.



## **CREDIT CARD AUTHORIZATION FORM**

Company Name:	
I,	, hereby authorize QUARRIES
DIRECT INTERNATIONAL, LLC. (QDI Surfaces), to charge my cre-	dit card account in the amount not to exceed:
\$	
( ) VISA ( ) Mastercard ( ) AMEX ( ) Discover	
Credit Card Number:	
Expiration Date:/ VID Code: (last 3 digits on the back)	)
Credit Card Billing Address:	
Street:	
City:	State:
Zip Code: Country: (if not	
Telephone: ( )	
As the credit card holder, I hereby authorize receipt of goods & service	es at the QDI Surfaces Warehouse.
	·
	/ /
Cardholder's Signature Date	
( ) Keep credit card on file for future purchases.	
,	
Your completion of this authorization form helps us to protect you, our valued custom Quarries Direct International, LLC., will keep all information entered on this form strice.	

214.741.2200

479.365.6555

832.986.6515

817.834.8491

281.651.4285

602.269.7900

714.695.0084

713.957.2600

520.416.8100