



## CONTRACTOR INFORMATION SHEET

Company Billing Information	Principles
Company Name:	Name & Position:
Accounts Payable Contact Name:	
Street Address:	SS#:
P.O. Box:	
City, State, Zip:	<b>Delivery Address</b>
Telephone Number:	
Fax Number / E-Mail:	
F.E.I.N. Number:	
Year Established:	
Physical Yard Address (Do not use PO Box):	
Contact Name:  Contact Phone #:  Fax #:	

**STATE CERTIFICATE OF RESALE NUMBER:**  
**Xylem, Ltd. /Golden Valley Hardscapes is required by law to charge sales tax on all purchases unless and until the following Certificate of Resale is completed and returned to our office.**

The undersigned hereby certifies that, unless otherwise specified, all material purchased or which may be purchased by us from Xylem, Ltd. / Golden Valley Hardscapes is for purpose of resale as tangible personal property, and assumes liability for payment of Retailer's Occupation Tax or Service Occupation Tax with respect to receipts from the resale of this property to users or consumers.

REGISTRATION NUMBER: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Written Signature of  
 Authorized Agent or Individual \_\_\_\_\_

Printed Signature \_\_\_\_\_

- ALL ITEMS MUST BE PAID FOR AT TIME OF PURCHASE.
- ALL CHECKS RETURNED TO XYLEM LTD AND/OR ROCKS ETC DUE TO NON SUFFICIENT FUNDS WILL BE CHARGED A PROCESSING FEE OF \$30.00 FOR EACH OCCURRENCE.
- If draft for noncollectable funds are submitted (i.e. NSF, Account Closed, etc.) to XYLEM, LTD and/or GOLDEN VALLEY HARDSCAPES and collection of funds warrants the referral of such matter to an attorney or professional collection agency, contractor agrees to pay, in addition to the amounts owned on invoices, any and all costs and reasonable attorneys fees incurred in the collection of the past due invoices
- If any action is brought to collect past due invoices, NSF checks or the like, the applicant agrees the venue shall properly lie in Rock Island County, Illinois.

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

Print Name and Title: \_\_\_\_\_