



LP Packaging Products Inc. – Credit Application

Please return via fax to 831-757-0146

COMPANY INFORMATION

Business Name _____ Date _____
 Doing Business as (dba) _____ SSN/FEIN _____
 Street Address/PO Box _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Accounts Payable Contact _____ Phone _____ Fax _____
 Company Type: Sole Proprietorship () Partnership () Corporation ()

SALES TAX

Are purchases exempt from sales tax in the state of delivery? Yes () No ()
 If yes, provide exemption/resale certificate with this application.

REFERENCES

Bank Name _____ Address _____ Ph. _____ Fax: _____ Account # _____
Vendor Name _____ Address _____ Ph. _____ Fax: _____ Account # _____

Vendor Name _____ Address _____ Ph. _____ Fax: _____ Account # _____
Vendor Name _____ Address _____ Ph. _____ Fax: _____ Account # _____

Applicant hereby authorizes LP Packaging Products and its agents to investigate Applicant's credit and financial records including banking records. As part of such investigation, Applicant authorizes LP Packaging Products to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of this and other accounts with LP Packaging Products.

Applicant further authorizes LP Packaging Products to share any information received from consumer credit agencies with any of its subsidiary and affiliated companies. If requested in writing by Applicant, LP Packaging Products will verify whether a consumer credit report was obtained and, if so, the name and address of the consumer credit reporting agency that furnished such report.

Signature _____ Printed Name _____

PERSONAL GUARANTY

For valuable consideration, the undersigned hereby personally and unconditionally guarantees to pay all indebtedness and liability incurred by the Applicant to LP Packaging Products. This is a continuing guaranty and shall continue as long as credit is extended.

Signature _____
 Printed Name _____ Home Phone _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THE APPLICANT'S FINANCIAL STATEMENT ATTACHED HERETO IS TRUE AND CORRECT IN ALL RESPECTS.

Signature _____

Date _____

Printed Name _____

rev 5/05

TERMS AND CONDITIONS

1. All remittances should be mailed to:

**LP Packaging Products Inc.
PO Box 4333
Salinas, Ca 93912-4333**

- 2. Customer agrees to pay all costs and attorney fees incurred in collection of all past due invoices and accounts.**
- 3. Payments should be made from the invoice which is mailed or delivered after any adjustments have been made on the delivery ticket. Statements are only sent to show how the account is standing.**
- 4. Should any Customer check(s) be returned by their bank for the reason of insufficient funds, Customer agrees to pay thirty dollars (\$30.00) or three times the amount of the check (whichever is greater).**
- 5. LP Packaging Products reserves the right at any time to revoke any credit extended to Customer because of Customer's failure to pay for goods when due or for any other reason deemed good and sufficient by it.**
- 6. Customer certifies that the information presented by Customer in this application is true and correct. LP Packaging Products is authorized to contact all references contained in this application who are authorized to release any information to it relating to Customer's credit herein.**

Date

Company Name

Signature

Printed Name

Title

SALES TAX EXEMPTION CERTIFICATE MULTI-JURISDICTION

Issued to: **LP Packaging Products Inc.**

Address: **PO Box 4333 Salinas, Ca. 93912-4333**

I certify that: _____

Name of firm (buyer)

Address

City, State, Zip

engaged as a registered: (circle one)

Wholesaler

Manufacturer

Retailer

Lessor

Is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchasers are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing or renting.

Product we sell or service we render:

City or State _____ Resale License # _____

Description of Product purchased from LP Packaging Products for Resale:

All items purchased _____ Packaging Supplies _____
Wrapping Supplies _____ Janitorial Supplies _____
Food/Beverages _____

I further certify that if any property so purchased tax free issued or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due, direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until canceled by BUNZL NORTHERN CALIFORNIA, in writing or revoked by the city or state.

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature (Owner, Partner, Corporate Officer)

Signature

Print name

Title

Date