

**DATE:** \_\_\_\_\_ **OPENING DATE:** \_\_\_\_\_ **SALES REP:** \_\_\_\_\_ **CUSTOMER ID:** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **DBA (IF DIFFERENT)** \_\_\_\_\_

**BILL TO ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**CONTACT** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **RECEIVING HOURS** \_\_\_\_\_

**SHIP TO ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**OTHER DIVISIONS (ADDRESSES)** \_\_\_\_\_ **AMOUNT OF CREDIT REQUESTED** \_\_\_\_\_

**ACCOUNTS PAYABLE PHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_ **ACCOUNTS PAYABLE EMAIL ADDRESS** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_ **DATE ESTABLISHED** \_\_\_\_\_ **FEDERAL ID NUMBER** \_\_\_\_\_

**CORPORATION**  **PARTNERSHIP**  **SOLE PROPRIETORSHIP**  **LIMITED LIABILITY COMPANY**

**Are you sales tax exempt?**  Yes  No **(IF YES PLEASE COMPLETE AN ERNEST ITEMIZED RESALE CERTIFICATE)**

Have you ever had credit with us before?  Yes  No

**RESALE #**

**TRADE REFERENCES**

NAME	ADDRESS	PHONE NUMBER	FAX /EMAIL ADDRESS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

I represent that the above information is true and is given to extend credit to the applicant. My company and I authorize credit investigation as **Ernest Packaging Solutions, Inc.** sees fit, including contacting the above trade references and obtaining credit reports. My company and I authorize all trade references, and credit reporting agencies to disclose to **Ernest Packaging Solutions, Inc.** any and all information concerning the financial and credit history of my company and myself.

We understand that the terms of sale require payment on or before the DUE DATE and agree to meet those terms. Delinquent invoices are subject to a late fee of 2% per month on the outstanding balance. All invoices are payable at **5777 Smithway Street, Commerce, CA 90040**. Applicant agrees that it shall be liable for and pay all of Ernest Packaging Solutions attorney's fees (including local counsel fees) experts' fees, accountants' fees, court fees, collection costs, collection agency fees (if applicable) and any other expenses, whether or not incurred in connection with the enforcement of any of the terms of this application or resulting from default by Applicant, and/or in connection with the enforcement of any judgement or award rendered in favor of Ernest Packaging Solutions in connection herewith. This agreement shall be interpreted under the laws of the **State of California**. Venue for any action brought by **Ernest Packaging Solutions**, to enforce any terms of this agreement, shall be in **San Luis Obispo County**, at the sole option of **Ernest Packaging Solutions Inc.**

I have read the terms and conditions stated above and agree to all of these terms and conditions **"INCLUDING TAX EXEMPT SECTION."**

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **PRINTED NAME** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- DIVISIONS IN:**
- |           |             |                |
|-----------|-------------|----------------|
| BOISE     | LOS ANGELES | RENO           |
| FRESNO    | PHOENIX     | SACRAMENTO     |
| HOUSTON   | PORTLAND    | SALT LAKE CITY |
| LAS VEGAS | RALEIGH     | SAN DIEGO      |