Ernest

1150 Laurel Lane #184
San Luis Obispo, CA 93401
(323) 923-3170

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 #	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 St. 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, accountant fees, court fees, collection costs, collecting 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 these terms and conditions **"Including Tax Exempt Section."**

AUTHORIZED SIGNATURE PRINTED NAME

TITLE DATE

DIVISIONS IN:

BOISE	LOS ANGELES	RENO
FRESNO	PHOENIX	SAN LUIS OBISPO
HOUSTON	PORTLAND	SACRAMENTO
LAS VEGAS	RALEIGH	SALT LAKE CITY
EUGENE	MICHIGAN	SAN DIEGO