

Memo

To:

From: Julie Thorson **Date:**

Re: Application for Credit

YOUR COMPANY HAS REQUESTED AN OPEN ACCOUNT WITH GPK PRODUCTS, INC. OUR CREDIT APPLICATIONS PROVIDE US WITH VALUABLE INFORMATION ABOUT YOUR COMPANY. PLEASE FILL OUT THE ATTACHED CREDIT APPLICATION, COMPLETELY, SIGN IT AND RETURN IT, WITH A COPY OF YOUR TAX EXEMPTION CERTIFICATE, TO MY ATTENTION.

Email: JULIE@gpk-fargo.com

THANK YOU.

1601 43RD STREET NW
FARGO, NORTH DAKOTA
PHONE: 701-277-3225/800-437-4670
FAX: 701-277-9286/800-822-6989

GPK PRODUCTS, INC./INDIANA SEAL a GPK PRODUCTS Company

Application For Credit

Firm Name: _____ Telephone: _____
 Address: _____ Fax: _____
 City: _____
 State & Zip Code: _____ Federal Tax ID #: _____
 Date Business Started: _____ Type of Business: _____
 Estimated Capital Value of Company: _____ Anticipated Monthly/Annual Volume: _____

Accounts Payable Contact(s): _____ Person(s) Authorized to Make Purchases: _____

Are Purchase Order Numbers Required: _____ Full

Name and Address of Legal Owner(s): _____

Please check one of the following:

Proprietorship: _____ Partnership: _____
 Private Corporation: _____ Public Corporation: _____

TRADE REFERENCES

Name:	Name:	Name:
Address:	Address:	Address:
City:	City:	City:
State, Zip:	State, Zip	State, Zip:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Bank: _____ Phone: _____
 Address: _____ Contact: _____
 City: _____ Account #: _____
 State, Zip: _____

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the following terms: Net 25 Days. Our credit manager must approve all credit. The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize GPK Products, Inc. to verify information on me/us, including requesting reports from credit reporting agencies.

By: _____ (Must be signature of authorized officer)
 Title: _____ Date: _____

1601 43rd Street NW

Fargo, North Dakota 58102

Phone #: 701-277-3225

Toll Free Phone #: 800-437-4670

Fax: 701-277-9286

Toll Free Fax #: 800-822-6989

UNIFORM SALES & USE TAX CERTIFICATE— MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____


Address: _____

I certify that:


Name of Firm (Buyer): _____


Address: _____


is engaged as a registered


 Wholesaler

 Retailer

 Manufacturer

 Seller (California)

 Lessor (see notes on pages 2-4)

 Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ²	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
CT ⁵	_____	NC ¹⁹	_____
DC ⁶	_____	ND	_____
FL ⁷	_____	OH ²⁰	_____
GA ⁸	_____	OK ²¹	_____
HI ^{4,9}	_____	PA ²²	_____
ID	_____	RI ²³	_____
IL ^{4,10}	_____	SC	_____
IA	_____	SD ²⁴	_____
KS	_____	TN	_____
KY ¹¹	_____	TX ²⁵	_____
ME ¹²	_____	UT	_____
MD ¹³	_____	VT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

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

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

Authorized Signature: _____
(Owner, Partner or Corporate Officer)
Title: _____
Date: _____