

GWC Packaging Credit Application Form

Please fill out this application completely and return it to our credit department

Please Submit Application to:

Email: accounting@gwcnow.com
 Fax: (213) 892-0014
 Phone: (213) 892-1583

| General Business Information (Complete all fields.) | | Ship to Location | |
|--|------------------|-------------------------------|------------------|
| Legal Business Name (Billing Address) | | Ship to Location | |
| Business Name: | | Business Name: | |
| Street Address: | | Street Address: | |
| City: | State: Zip: | City: | State: Zip: |
| Phone #: () - | | Phone #: () - | |
| Fax #: () - | | Fax #: () - | |
| Web Address: | | | |
| Federal Tax ID #: _____ Dun & Bradstreet ID #: _____ DBA, if any: _____ | | | |
| (Note: If applicable, copy of reseller or tax exemption certificate required.) | | | |
| Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Govt. Agency <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public Univ/Coll <input type="checkbox"/> Private Univ/Coll | | | |
| Years in Business: _____ Year of Inc.: _____ State of Inc: _____ | | | |
| Credit Requested \$: _____ Terms (Net 30 standard): _____ | | | |
| Are Purchase Orders Used? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of person responsible for purchasing: _____ | | Telephone: _____ Email: _____ | |
| Name of person responsible for accounts payable: _____ | | Telephone: _____ Email: _____ | |
| Pay By: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH Direct <input type="checkbox"/> Wire Transfer | | | |
| Invoice Preference: <input type="checkbox"/> Email _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Mail | | | |

| Name of Owners, Partners, or Officers and Titles if Incorporated | | | |
|---|----------|----------|----------|
| (Complete all fields and provide at least one owner, partner or officer.) | | | |
| Name: | _____ | Name: | _____ |
| Title: | _____ | Title: | _____ |
| Phone #: | () - | Phone #: | () - |
| Email: | _____ | Email: | _____ |

| Trade Reference Information | | | |
|---|------------------|-----------------|------------------|
| (Please provide information of at least three.) | | | |
| Name: | _____ | Name: | _____ |
| Contact Person: | _____ | Contact Person: | _____ |
| Address: | _____ | Address: | _____ |
| City: | State: Zip: | City: | State: Zip: |
| Phone #: | () - | Phone #: | () - |
| Fax #: | () - | Fax #: | () - |
| Email: | _____ | Email: | _____ |
| Account #: | _____ | Account #: | _____ |
| Name: | _____ | Name: | _____ |
| Contact Person: | _____ | Contact Person: | _____ |
| Address: | _____ | Address: | _____ |
| City: | State: Zip: | City: | State: Zip: |

| | | | |
|------------|-------------|------------|-------------|
| Phone #: | _____ | Phone #: | _____ |
| | () - | | () - |
| Fax #: | _____ | Fax #: | _____ |
| | () - | | () - |
| Email: | _____ | Email: | _____ |
| Account #: | _____ | Account #: | _____ |

| |
|---|
| Bank Reference Information (Complete all fields and provide at least one reference.) |
|---|

| | |
|--|--|
| Bank Name: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ () - Fax #: _____ () - Email: _____ Checking Acct #: _____ Savings Acct #: _____ Loan Officer: _____ Loan #: _____ | Bank Name: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ () - Fax #: _____ () - Email: _____ Checking Acct #: _____ Savings Acct #: _____ Loan Officer: _____ Loan #: _____ |
|--|--|

This application is submitted for the purpose of obtaining credit with GWC Packaging and is warranted to be true. By signing this application the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes GWC Packaging, to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding accounts.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Upon credit approval, the undersigned agrees to terms of **NET 30 DAYS.**

| | |
|---|--------------|
| Signature of Owner, Partner or Corporate Officer | Date |
| | |
| Printed Name of Signer | Title |
| | |

GWC Packaging
Authorization to Release Credit Information

Please fill out this application completely and return it to our credit department

Please Submit Application to:

Email: accounting@gwcnow.com

Fax: (213) 892-0014

Phone: (213) 892-1583

In consideration of an open account arrangement with GWC Packaging, I hereby authorize you to release information to GWC Packaging, regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Legal Name of Company:

DBA, if any:

Signature of Owner, Partner or Corporate Officer

Date

Printed Name of Signer

Title

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____

 _____

| | |
|--------------------------------------|-------------|
| PRINTED NAME OF PERSON SIGNING _____ | TITLE _____ |
|--------------------------------------|-------------|

ADDRESS OF PURCHASER _____

| | |
|-----------------------------------|------------|
| TELEPHONE NUMBER () _____ | DATE _____ |
|-----------------------------------|------------|