



5400 E. Franklin Road #100
Nampa, ID 83657
(801) 844 -2800

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 Idaho**. Venue for any action brought by **Ernest Packaging Solutions**, to enforce any terms of this agreement, shall be in **Canyon 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