



2850A South 900 West  
Salt Lake City, UT 84119  
(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 **2850A South 900 West, Salt Lake City, UT 84119**. 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 Utah**. Venue for any action brought by **Ernest Packaging Solutions**, to enforce any terms of this agreement, shall be in **Salt Lake 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