



860 Greens Parkway #500
Houston, TX 77067
(832) 209-1900

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 **860 Greens Parkway #500, Houston, TX 77067**. 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 Texas**. Venue for any action brought by **Ernest Packaging Solutions**, to enforce any terms of this agreement, shall be in **Harris 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 |