

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

Memo

To:

From: KIM SCHWARTZENBERGER

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.

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: |
| Fax: | Fax: | Fax: |

| | |
|-------------------|------------------|
| 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: 2% 10th prox., net 25th. Interest will be charged at 1.5% per month (18% per annum) on all past due accounts. 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
Toll Free Phone #: 800-437-4670

Fargo, North Dakota 58102
Fax: 701-277-9286

Phone #: 701-277-3225
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: _____