

# Memo

**To:**

**From:** Julie Thorson **Date:**

**Re:** Application for Credit

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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.

Email: [JULIE@gpk-fargo.com](mailto:JULIE@gpk-fargo.com)

THANK YOU.

1601 43<sup>RD</sup> 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% 10<sup>th</sup> prox., net 25<sup>th</sup>. 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 43<sup>rd</sup> Street NW Fargo, North Dakota 58102 Phone #: 701-277-3225 Toll Free Phone #: 800-437-4670  
Fax: 701-277-9286 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 service<sup>1</sup> 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 <sup>1</sup>	_____	MO <sup>16</sup>	_____
AR	_____	NE <sup>17</sup>	_____
AZ <sup>2</sup>	_____	NV	_____
CA <sup>3</sup>	_____	NJ	_____
CO <sup>4</sup>	_____	NM <sup>4,18</sup>	_____
CT <sup>5</sup>	_____	NC <sup>19</sup>	_____
DC <sup>6</sup>	_____	ND	_____
FL <sup>7</sup>	_____	OH <sup>20</sup>	_____
GA <sup>8</sup>	_____	OK <sup>21</sup>	_____
HI <sup>4,9</sup>	_____	PA <sup>22</sup>	_____
ID	_____	RI <sup>23</sup>	_____
IL <sup>4,10</sup>	_____	SC	_____
IA	_____	SD <sup>24</sup>	_____
KS	_____	TN	_____
KY <sup>11</sup>	_____	TX <sup>25</sup>	_____
ME <sup>12</sup>	_____	UT	_____
MD <sup>13</sup>	_____	VT	_____
MI <sup>14</sup>	_____	WA <sup>26</sup>	_____
MN <sup>15</sup>	_____	WI <sup>27</sup>	_____

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: \_\_\_\_\_