



FOAM PAK US

Credit Application Package



AMERIPACK SOLUTION LLC DBA
FOAM PAK US

CREDIT APPLICATION

13630 DUBLIN CT
STAFFORD, TX 77477
P: 281-565-9619 F: 281-565-9616
www.foampakus.com

This application must be completed in order to be processed.
Please return this document back via email to: info@foampakus.com or fax to 281-565-9616

APPLICANT INFORMATION

LEGAL NAME OF COMPANY _____

DBA (if different from above) _____

PHYSICAL ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

BILL TO ADDRESS _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

COMPANY WEB ADDRESS _____

BUSINESS DESCRIPTION _____

DATE OF OWNERSHIP/CONTROL _____ D&B# _____

ACCOUNTS PAYABLE CONTACT _____

FIRST NAME _____ LAST NAME _____ EMAIL _____

PHONE _____ FAX _____

HOW ARE INVOICES TO BE RECEIVED?
EMAIL _____ OR FAX _____

ARE YOU TAX EXEMPT? (Y/N) Y N (If yes, please provide a copy of exemption certificate)

STATE SALES TAX EXEMPTION# _____

FEDERAL ID# (FEIN) _____

FEDERAL TAX CLASSIFICATION OF THE COMPANY?
 Individual/ sole proprietor or single-member LLC Limited liability company C Corporation
 S Corporation Partnership Other
 If Corporation: State of Incorporation _____

BUSINESS INFORMATION

INCORPORATED IN THE STATE OF _____ ESTABLISHED DATE _____ (MO/YR) YEARS UNDER SAME CONTROL _____

HAS THE BUSINESS EVER DECLARED BANKRUPTCY (Y/N)? _____ IF YES, DATE FILED _____ (MO/YR)

EXECUTIVE OFFICER NAME _____ FINANCIAL OFFICER NAME _____

IS APPLICANT A SUBSIDIARY (Y/N) _____ IF YES, COMPLETE PARENT INFO BEL _____

PARENT LEGAL NAME _____ FEIN _____

PARENT BUSINESS DESCRIPTION: Choose one: Class 1RR; Transit; Shortline; Other (describe): _____

THE OWNERS OF PROMARY _____

FIRST NAME _____ LAST NAME _____ TITLE _____ PHONE _____ FAX _____

FIRST NAME _____ LAST NAME _____ TITLE _____ PHONE _____ FAX _____

BANK REFERENCE

BANK NAME	<input type="text"/>		
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
	STREET	CITY	STATE ZIP
CHECKING ACCOUNT #	<input type="text"/>	FAX	
BANK CONTACT	<input type="text"/>		
	FIRST NAME	LAST NAME	TITLE
	PHONE	FAX	EMAIL

TRADE REFERENCES

1) COMPANY	<input type="text"/>			ACCOUNT(if any) #	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	STREET	CITY	STATE	ZIP	
	PHONE	FAX			
CREDIT CONTACT	<input type="text"/>				
	FIRST NAME	LAST NAME	TITLE		
	PHONE	FAX	EMAIL		
2) COMPANY	<input type="text"/>			ACCOUNT(if any) #	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	STREET	CITY	STATE	ZIP	
	PHONE	FAX			
CREDIT CONTACT	<input type="text"/>				
	FIRST NAME	LAST NAME	TITLE		
	PHONE	FAX	EMAIL		
3) COMPANY	<input type="text"/>			ACCOUNT(if any) #	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	STREET	CITY	STATE	ZIP	
	PHONE	FAX			
CREDIT CONTACT	<input type="text"/>				
	FIRST NAME	LAST NAME	TITLE		
	PHONE	FAX	EMAIL		
4) COMPANY	<input type="text"/>			ACCOUNT(if any) #	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	STREET	CITY	STATE	ZIP	
	PHONE	FAX			
CREDIT CONTACT	<input type="text"/>				
	FIRST NAME	LAST NAME	TITLE		
	PHONE	FAX	EMAIL		

CREDIT AGREEMENT AND GUARRANTY

CREDIT AGREEMENT: Applicant warrants that the above information is true and accurate. I/we hereby authorize AMERIPACK SOLUTION LLC, DBA FOAM PAK US to contact the references to investigate Applicant's credit and financial responsibility. "I hereby authorize the bank named here to release information requested for the purpose of obtaining and / or reviewing my company's credit from time to time."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME (PRINT)	LAST NAME	SIGNATURE	TITLE DATE

PERSONAL GUARRANTY: The undersigned individual(s), as guarantor(s), unconditionally and irrevocably guarantees the performance by Buyer of each and every obligation of Buyer to AMERIPACK SOLUTION LLC, DBA FOAM PAK US. This guaranty shall be continuing and shall terminate only upon the satisfaction by Buyer of all its obligations to AMERIPACK SOLUTION LLC, DBA FOAM PAK US. Guarantor(s) consent that it will not be necessary for AMERIPACK SOLUTION LLC, DBA FOAM PAK US to initiate an action or exhaust its legal remedies against Buyer in order to enforce this guaranty. In the event of any action to enforce any of the terms or conditions of this guaranty, the prevailing party or parties shall be entitled to recover from the other party or parties reasonable attorney fees affixed by the trial court and all appellate courts.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME (PRINT)	LAST NAME	SIGNATURE	TITLE DATE

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Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;"></td> </tr> </table> (Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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This certificate should be furnished to the supplier.
Do not send the completed certificate to the Comptroller of Public Accounts.