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**CONFIDENTIAL CREDIT APPLICATION**

**BILLING INFORMATION**

Business Name		DBA/Parent Company		
Billing Address		City	State	Zip
Shipping Address		City	State	Zip
Phone		Fax		
E-mail Address:				

**GENERAL INFORMATION**

Company Ownership:		<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
Year Established	Date Incorporated	Years under current management		Years at present location			
Type of Business		Number of locations		Federal Tax ID			
Estimated Annual Sales				Requested Credit Limit			

**OFFICER/OWNER/PARTNER INFORMATION**

Name		Title		Phone	
Address		City	State	Zip	
Name		Title		Phone	
Address		City	State	Zip	

**BANK ACCOUNT INFORMATION**

Name	Address	Contact	Account #	Phone	Fax

**TRADE INFORMATION (Please list three)**

Name		Years doing business			
Address		City	State	Zip	
Account #		Phone		Fax	
Name		Years doing business			
Address		City	State	Zip	
Account #		Phone		Fax	
Name		Years doing business			
Address		City	State	Zip	
Account #		Phone		Fax	

REV 10/08

1331 Kelly Ave.  
Akron, Ohio 44306

**DYNAMIC PLANT PACKAGING AND GROWING SYSTEMS**

Phone: 330.785.2200  
Fax: 330.785.9200

**Terms and Conditions**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Our firm is financially able to meet any commitments we have made and we will pay our invoices according to your terms. Date of payment is the date on which funds are received by Landmark Plastic. Customer agrees to pay an account service charge at the rate of 1.5% per month (annual rate 18%), or the highest rate allowable by law.

Should the account become delinquent and be placed in the hands of a collection agency or attorney, customer will pay all costs, collection fees, reasonable attorney fees together with any other losses or expenses should collection action be necessary.

Payment of the account by means of credit card will be subject to a processing fee of 4%.

Landmark Plastic Corporation warrants that the products it sells shall meet Landmark's specifications and that we will convey good title to the customer upon shipment. Weights, capacities and other specifications are subject to change without notice and are provided for information purposes only and their accuracy is not guaranteed. THERE ARE NO WARRANTIES EXTENDING BEYOND THOSE IN THIS PARAGRAPH. BUYER AGREES THAT BUYERS' EXCLUSIVE REMEDY AND LANDMARK'S SOLE LIABILITY ON ANY CLAIM, WHETHER TORT, CONTRACT OR WARRANTY, SHALL BE LIMITED TO PRODUCT EXCHANGE OR REIMBURSEMENT OF A PORTION OR THE ENTIRE ORIGINAL PURCHASE PRICE. IN NO EVENT WILL LANDMARK PLASTIC CORPORATION BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES FOR LOST PROFITS, LOST SALES, INJURY TO PERSON OR PROPERTY OR ANY OTHER INCIDENTAL LOSS OR DAMAGE RESULTING FROM THE SALE, DELIVERY, USE OR HANDLING OF THE PRODUCTS. BUYER WAIVES ITS RIGHT TO A JURY TRIAL ON ANY CLAIM ARISING FROM ANY SALES TO BUYER OF LANDMARK PRODUCTS.

Business Name \_\_\_\_\_ Authorized signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Printed Name and Title \_\_\_\_\_

**Personal Guaranty**

In consideration of Landmark Plastic's extending credit to Customer, the undersigned Guarantor hereby personally guarantees the payments of all amounts owing from Customer to Landmark Plastic, including costs of collection and attorney's fees where applicable, as well as Customer's compliance with these Conditions. This guaranty shall be continuing and irrevocable.

\_\_\_\_\_  
Guarantor's Signature                      Printed Name                      SSN                      Date



BANK CREDIT REFERENCE FORM

Attn: Credit Department

The applicant listed below has requested a credit line with us and has provided this bank as a credit reference. Please complete the bottom portion of this form and submit it via email to: [Joyce@landmarkplastic.com](mailto:Joyce@landmarkplastic.com). We appreciate your timely submission.

All information will be kept confidential.

This section to be completed by Customer:

Date: \_\_\_\_\_

_____	_____
Company	Parent Company (if applicable)
_____	_____
Address	Telephone#
_____	_____
City, State, Zip	Fax#
_____	_____
Authorized Contact Name	Authorizing Signature
_____	_____
Bank Name, Branch City and State	Account #

This section to be completed by Bank:

**CHECKING ACCOUNT:**

Date opened: \_\_\_\_\_ Average balance: \$ \_\_\_\_\_

Number of NSF checks within last 12 months: \_\_\_\_\_

**LOAN:**

Date opened: \_\_\_\_\_ Terms: \_\_\_\_\_

Line of credit \$ \_\_\_\_\_ High credit \$ \_\_\_\_\_

Credit limit \$ \_\_\_\_\_ Secured? YES NO

Balance owed \$ \_\_\_\_\_

Please describe the Customer's payment habits: \_\_\_\_\_

Is customer in compliance with all bank covenants? \_\_\_\_\_

Overall credit rating: \_\_\_\_\_

Comments: \_\_\_\_\_

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date
_____	_____
Telephone#	Email

## 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: Landmark Plastic Corporation

Address: 1331 Kelly Ave Akron, OH 44306

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: \_\_\_\_\_