

Baxter Packaging, LLC

770 Eastman Road, Longview, TX 75602

(903) 309-2828

CONFIDENTIAL CREDIT APPLICATION

BILLING & SHIPPING INFORMATION

Legal Business Name _____ Date _____
 Billing Address _____ City _____ State _____ Zip _____
 Shipping Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ Type of Business _____
 Email for Invoices and Statements _____
 Credit Limit Requested _____ Federal Tax ID _____

BUSINESS INFORMATION

Business Form _____ Proprietorship _____ Partnership _____ LLC _____ Corp _____ Year Established _____
 Owners or Officers _____ Title _____
 _____ Title _____
 If Proprietorship: SSN _____ Phone (____) _____ State _____ Zip _____
 Purchasing Contact _____ Phone (____) _____
 Purchasing Contact Email _____
 Accounts Payable Contact _____ Phone (____) _____
 Accounts Payable Email _____
 Are Purchase Orders Used/Required _____ Yes _____ No

BANK REFERENCES

Bank Name _____ Type of Account _____
 City _____ State _____ Zip _____ Phone (____) _____
 Bank Name _____ Type of Account _____
 City _____ State _____ Zip _____ Phone (____) _____

TRADE REFERENCES

Company Name _____ Type of Account _____
 City _____ State _____ Zip _____ Phone (____) _____
 Company Name _____ Type of Account _____
 City _____ State _____ Zip _____ Phone (____) _____
 Company Name _____ Type of Account _____
 City _____ State _____ Zip _____ Phone (____) _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless other terms are agreed upon by Customer and BP Management.
2. Discrepanics with invoices must be made within seven working days.
3. By submitting this application, you authorize Baxter Packaging, LLC to make inquiries into the banking and business/trade references you have supplied.

SIGNATURES

Signature _____ Signature _____
 Name and Title _____ Name and Title _____
 Date _____ Date _____

FOR INTERNAL OFFICE USE ONLY

Sales Representative _____ Credit Limit Requested _____
 Estimated Monthly Sales _____ Projected Date of First Order _____
 Credit Limit Approved _____ Approval Signature _____

CONSENT TO OBTAIN CREDIT INFORMATION

To: Baxter Packaging LLC

From: _____
Company Name

Trade Name (if different)

We hereby:

- 1.) Authorize Baxter Packaging LLC to check the credit history and to obtain credit and business information about my business entity from credit reporting agencies and credit bureaus. It further authorizes Baxter Packaging LLC to obtain credit information from financial institutions named here:

Financial Institution: _____

Account number(s): _____

Financial Institution: _____

Account number(s): _____

- 2.) Authorize Baxter Packaging LLC to share such information with credit reporting agencies and credit bureaus as is gathered as a matter of doing business with Baxter Packaging LLC. This includes payment histories, payment terms, and spending levels.

This Consent shall be binding upon the respective administrators, successors, and assignees of Baxter Packaging and the undersigned.

Dated: _____

Signed: _____

Title: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																																
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																																
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="4"> </td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="7"> </td></tr> </table>	Social security number																							-				-					Employer identification number																							-							
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of 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 or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, 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

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

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