



2519Data Drive

Louisville, KY 40299

502-491-3500 (fax) 502-491-3519

**CREDIT APPLICATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

*All Flexible Packaging invoices will be emailed or faxed to the contact listed below.*

Key Contacts in Accounts Payable \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

Resale Tax # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Business Structure: Corporation \_\_\_ Partnership \_\_\_ Individual Owner \_\_\_

Name of Partners or Corporate Officers, if applicable.

Name	Title	Address	City	St	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Bank Reference

Bank \_\_\_\_\_ Bank Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Account# \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Trade References (at least 3) Please include fax numbers to insure quicker processing time. Thanks!

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_



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Are purchase orders required before delivery?  YES  NO

Verbal Number Okay  YES  NO  
Must Have Physical P.O. in house  YES  NO

Can an order be shipped on a Requisition Number Only?  YES  NO

Verbal Number Okay  YES  NO  
Must Have Physical P.O. in house  YES  NO

Are Blanket P.O. numbers issued?  YES  NO

Typical Purchase Order Number \_\_\_\_\_

*I understand the following and will abide by your company regulations:*

1. *Notify Flexible Packaging of any changes in ownership of our company.*
2. *All Flexible Packaging invoices will be submitted for payment upon shipment via email or fax number.*
3. *If granted credit, our company agrees to pay all invoices within 30 days of invoice date.*
4. *It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.*
5. *It is agreed that our account will become C.O.D. if we fail to pay invoices within the above stated terms.*
6. *Our company financial condition is satisfactory and we can meet all financial obligations.*
7. *There are no lawsuits or judgments against our company at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.*

*I make the foregoing application for credit for the purposes of obtaining merchandise on an open account basis.*

Company's Full Name \_\_\_\_\_

Principal Owner/Officer (Print/Type) \_\_\_\_\_

Principal Owner/Officer (Signature) \_\_\_\_\_



Title \_\_\_\_\_ Date \_\_\_\_\_



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Attention Accounting:

As a distributor, Flexible Packaging is required to obtain and maintain resale tax certificates from all of its customers.

Below is a resale tax certificate. Please complete this and return, ONLY if any or all of your purchases are exempt from state tax.

Please return this form as soon as possible to avoid being charged tax on nontaxable items.

Thank you.

Important—Certificate not valid unless completed

Check applicable box.

Blanket [ ]

Single Purchase [ ]

RESALE CERTIFICATE

I hereby certify that Name of Business Address

holds a valid Sales and Use Tax Permit, Account No. issued pursuant to the sales and use tax law and is engaged in the business of selling, leasing or renting, industrial processing or manufacturing the following:

I further certify that the tangible personal property described herein which I shall purchase from:

Name Of Seller Address will be resold in the regular course of business, or leased or rented, as provided by Regulation 103 KAR 28:051, or used, as provided in KRS 139.470(11), in the manufacture or industrial processing of tangible personal property which will be resold. In the event any property purchased under this certificate is used for any purpose other than retention, demonstration or display while holding it for sale, lease or rental in the regular course of business, it is understood that I am required by law to report and pay the tax measured by the purchase price of such property. Description of property to be purchased:

Under penalties of perjury, I swear or affirm that the information on this certificate is true and correct as to every material matter.

Authorized Signature(Owner, Partner or Corporate Officer) Title

Date

CAUTION TO SELLER: Contractors or other persons registered under a consumer number in the 900,000 series may not issue a resale certificate for any purchase. Sellers accepting certificated from such persons will be held liable for the sales or use tax.

NOTE: Any persons who makes improper use of this certificate is subject to such penalties as provided by law including the criminal provisions of KRS 139.990(1).

Revenue Cabinet
Frankfort, Kentucky 40620

51A105 (9-90)