

## New Customer Application

|  |                  | Stat        |                     |                  |                |               |
|--|------------------|-------------|---------------------|------------------|----------------|---------------|
| Phone:   | Fax:             |             |                     |                  |                |               |
| Year business started:                               |                  | Federa      | al ID / EIN #:      |                  |                | DUNS #:       |
| Primary line of operat                               | ons:             | Est         | imated annual purch | uses from The Po | ouch House: \$ |               |
| <b>Fype of Business (chec</b><br>Sole-Proprietorship |                  |             | Corporation         | State of Inc     | ornoration     | Stock Symbol: |
|  |                  |             |                     | State of the     | orporation.    | Stock Symbol. |
| <b>Fax Exempt?</b>                                   | 🗆 No             | 🗌 Yes (i    | f yes, please suppl | y copy of exe    | mption certif  | icate)        |
| <b></b>  |                  |             |                     |                  |                |               |
| Financial Information                                | ·                | <i>,</i>    | ~                   | Dortial          | Einonoial Su   | 100 M 0 M 1   |
| _Audited Statement                                   |                  | Unaudited S |                     |                  | Financial Su   | minary        |
| Will supply w/non-di                                 | sclosure agreeme | 10          |                     | nformation D     | eclined        |               |
| Accounts Payable Con                                 | tact:            |             |                     |                  |                |               |
| Name:  |                  |             | Pho                 | ne:              |                |               |
|  |                  |             |                     |                  |                |               |



### **Terms and Conditions:**

All decisions with respect to the extension or continuation of open credit terms shall be in the sole discretion of Taylor Prime Labels and Packaging Group - North Mankato and may be terminated at its sole discretion.

#### PAYMENTS:

- When possible payments are to be made via ACH Taylor Prime Labels and Packaging Group North Mankato preferred method, accompanied by CTX formatted remittance information.
- If payment is made by check or money order, make payable to Taylor Prime Labels and Packaging Group -North Mankato and mail to the remittance address indicated on the invoice being paid. Include the detachable portion of the invoice or a clean and concise list of the invoices being paid including reference to the complete invoice numbers and amounts paid in association with those invoice numbers.
- All payments are to be received at the Taylor Prime Labels and Packaging Group North Mankato remittance address on or before the due date of each invoice as defined by the credit terms indicated on the invoice in association with the invoice date.
- Applicant will be responsible for all charges associated with payments returned unpaid by the banking institution for any reason, including but not limited to non-sufficient funds or stopped payment.
- Taylor Prime Labels and Packaging Group North Mankato reserves the right to apply a late payment charge in the lesser amount of one and one-half percent (1.5%) per month or the highest interest rate allowable by applicable law for amounts that remain unpaid 30 days past the invoice due date.
- Applicant, in the event of default, will be responsible for any collection charges, attorney fees and/or court costs incurred in the collection of the debt and agree that any litigation associated with default shall occur in a venue chosen by Taylor Prime Labels and Packaging Group

#### BILLING:

• Any dispute of charges reflected on any invoice must be conveyed in writing with support documentation, to the contact name indicated on the invoice received, preferably 10 days prior to the due date of the invoice. Any dispute made later than 60 days following the due date of the invoice will not be accepted. Validity of any dispute will be determined by analysis of Taylor Prime Labels and Packaging Group - North Mankato records and documentation submitted to support the claimed dispute.

#### PRODUCTS / SERVICES:

- To order additional product or services, contact your Sales Representative.
- Reference to your purchase order number or ID is required with all orders placed.
- Returns
  - Credit will not be issued to the account for merchandise returns without the prior authorization of Taylor Prime Labels and Packaging Group North Mankato
  - No goods will be accepted for credit after sixty (60) days from date of invoice
- All Overruns and under runs up to and including 10% are standard to the industry and payment of such is the responsibility of the applicant.
- Orders may be subject to an additional charge when the value of the order is below the current required minimum order value or quantity for the product ordered.

#### CONTRACTUAL AGREEMENTS:

• Any active contractual agreements between the applicant and Taylor Prime Labels and Packaging Group - North Mankato shall be considered primary and those agreements shall govern.

#### GOVERNING LAW:

• The laws of the State of Minnesota will govern all questions concerning the purchase of goods from Taylor Prime Labels and Packaging Group. The Parties hereby submit to the exclusive jurisdiction of the courts of the State of Minnesota in the United States. This provision shall supersede any other provisions on governing law and jurisdiction between the parties.

I (we) have completed this application for the purpose of obtaining credit and certify that all statements contained therein are true and correct. I (we) grant permission for any person or company to furnish to Taylor Prime Labels and Packaging Group - North Mankato any and all information, which may be requested for the purposes of analysis of this credit application and for Taylor Prime Labels and Packaging Group - North Mankato to



# Credit Application

access any reports from credit reporting agencies. I (we) also release Taylor Prime Labels and Packaging Group - North Mankato from any liability for obtaining and using this information in its analysis. I (we) understand and agree that any credit granted as a result of this application, will be paid promptly in accordance with Taylor Prime Labels and Packaging Group - North Mankato credit terms as stated on the invoices received. I (we) confirm that I (we) have read and agree to the terms and conditions indicated on the following page of this application.

Print Name and Title:

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