

JOHNSON PLASTICS

Your Blue Chip Distributorship

9240 Grand Avenue South • Minneapolis, MN 55420-3604
Phone (952) 888-9507
(800) 869-7800 TOLL FREE
FAX (952)887-5784 (Accounting Department)

FOR OFFICE USE ONLY

DATE
ACCOUNTING APPROVAL
CREDIT ANALYST

CONFIDENTIAL CREDIT APPLICATION

Section I

LLC

LEGAL NAME OF COMPANY _____ INCORPORATED PROPRIETORSHIP PARTNERSHIP

TRADE NAME dba _____ YRS. IN BUSINESS _____ NATURE OF BUSINESS _____

BILLING ADDRESS _____ DELIVERY ADDRESS _____

CITY, STATE, ZIP CODE _____ NAMES OF PRINCIPALS AND TITLES _____

PHONE _____

FAX NO. _____ PERSON TO CONTACT FOR PAYMENT _____

EMAIL ADDRESS _____ ANNUAL SALES _____ CREDIT REQUIREMENTS \$ _____ /monthly

TERMS AND CONDITIONS OF SALE

- | | |
|---|---|
| A. Open account payments terms are Net 30 days FROM DATE OF INVOICE. | require a down payment prior to processing order. |
| B. Acceptable returned goods will be subject to a 15% restocking fee. | E. In the event that your purchases exceed your credit limit during the month, we will contact you and request payment of earlier invoices. |
| C. A service charge on overdue accounts will be assessed at the rate of 1 1/2% per month. | F. Other terms and conditions as noted on inside back cover of the Johnson Plastics catalog. |
| D. Large orders for custom cut, fabricated or special order material may | |

Section II - AUTHORIZATION

To induce Johnson Plastics, a division of Signcaster Corporation, to extend a line of credit for purchases under credit sales terms, we authorize Johnson Plastics to contact the references and banks listed below. We also understand that this information will be held in strict confidence and be used solely for the consideration of credit to us.

SIGNED _____ TITLE _____ DATE _____

Section III - BANK REFERENCE

NAME OF BANK _____ ACCOUNT NUMBER _____

STREET ADDRESS _____ CITY, STATE, ZIP CODE _____

NAME OF CONTACT _____ PHONE NO. _____ FAX NO. _____

Section IV - MAJOR TRADE REFERENCES

- (1) NAME _____
ADDRESS _____
PHONE (_____) _____ FAX (_____) _____ ACCOUNT # _____
- (2) NAME _____
ADDRESS _____
PHONE (_____) _____ FAX (_____) _____ ACCOUNT # _____
- (3) NAME _____
ADDRESS _____
PHONE (_____) _____ FAX (_____) _____ ACCOUNT # _____

Please check that the application is complete and signed. An incomplete application may cause a delay in the processing.

SALES TAX RESALE CERTIFICATE

NOTE: This certificate must be filled out completely to be valid. Fax back to 952-887-5784.

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

Sales Tax Exempt #

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

Johnson Plastics, 9240 Grand Ave. S., Bloomington, MN 55420

Description of items to be purchased, or the attached 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, in its present form or attached to other personal property to be sold.

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

I understand that it is a misdemeanor to give a resale certificate to the seller for taxable items which I know, at the time of purchase, are purchased for use rather for the purpose of resale, lease or rental.

sign here 	Purchaser	Title	Date

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