

Application for Credit

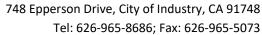
VPLP	748 Ерр	<u> </u>	•	3 Tel:626.965.8686 Fax: 626.965.87
		Credit Line Request	Date	
Phone #		Fax #		
Company Web-site				
BILLING A	ADDRESS		SHIPPING	ADDRESS
Street	1	Street		T
City	County	City		County
State	Zip	State		Zip
Nature of Business	Yrs. in Business	CORPORATION PARTNERSHIP		Fed Tax ID #
*** California Cust	omer Must Complete Califor			E -230 on Page 2 ***
No	Full Name of Office	rs, Owners, or P	artners Social Security #	Email
Name 1		FOSITION / Title	Social Security #	Lillali
	Full Name of B	Buyer / Purchasir	1a	
Name		Position / Title	Phone# & Ext	Email
!				
		Accounts Payabl		
Na	nme	Position / Title	Phone# & Ext	Email
OPERATING AS CORPORATION, Da	ate of Incorporation:	Ц		State of Incorporation
re you list with Dun & Bradstreet?	DUNS#	Sic Code.	Are you use pur	chase orders? yes no
	4 BUSINESS	REFERENCES		
lame	Acct. #	Name		Acct. #
ddress		Address		
City	State Zip	City		State Zip
Phone	Contact Name	Phone		Contact Name
ax	Email	Fax		Email
erm:	Credit Limit:	Term:		Credit Limit:
lame	Acct.#	Name		Acct. #
address	I.	Address		
ity	State Zip	City		State Zip
Phone	Contact Name	Phone		Contact Name
	Email	Fax		Email
Ferm:	Credit Limit:	Term:		Credit Limit:
		EFERENCE		
lame	74.4	Address		
ity	State Zip	Contact Name		
Type of Account		Account No.		
Contact Name:		Tel:		Fax:
	NFORMATION COULD RESU	Ш	PROCESSING	
IRM NAME				
SIGNATURE		TITLE		DATE
JONATURE		HITTEE		IDAIE

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2—4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

fy that: of Firm (Buyer):ss:		is engaged as a registered Wholesaler Retailer		
			Manufacturer	
		- - 	Seller (California) Lessor (see notes on pages 2—4) Other (Specify)	
le, resale, o		rvice to be res	I deliver purchases to us and that any such purchases are old, leased, or rented in the normal course of business. V lifornia) the following:	
ion of Bus	iness:			
description	n of tangible property or taxable services to be purch	ased 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^1		MO^{16}		
AR		NE ¹⁶		
AZ^2		NV		
CA ³		NJ		
CO ⁴		NM ^{4,17}		
CT ⁵		NC18		
FL^6 GA^7		ND OH ¹⁹		
HI ^{4,8}		OK ²⁰		
ID		PA ²¹		
IL ^{4,9}		RI ²²		
IA		SC		
KS		SD^{23}		
KY ¹⁰		TN		
ME ¹¹		TX ²⁴		
MD^{12} MI^{13}		UT VT		
MN ¹⁴				
IVIII		WA ²⁵ WI ²⁶		
			med as to make it subject to a Sales or Use Tax we will the Seller for added tax billing. This certificate shall be	
			e valid until canceled by us in writing or revoked by the	
enalties of	perjury, I swear or affirm that the information on the		•	
	Authorized Signature:		er, or Corporate Officer, or other authorized signer)	

REVISED 3/13/2019





Date:

Email: credit@plpc.com

BANK REFERENCE FORM

Customer: Please complete the upper portion with authorized signature and return with your credit application **Bank Name Phone Number Fax Number Street Address** City, State, Zip Code **Contact Name Email Address** Account No. **Street Address Customer Name Phone Number** City, State, Zip Code Private Label PC is considering/reviewing the extension of credit. By signing below, we, as Customer, hereby request and authorize the completion of this form by the Bank. The completed form should be returned directly to Private Label PC. **Customer Authorized Signature** To Be Completed by the Bank **DEPOSIT ACCOUNTS** Non-Sufficient Fund (NSF) Activity (Yes/No) If Yes, How Type Of Account (Checking, **Average Balance Date Opened Current Balance** (Past 12 Months) Often In The Past 12 Months Savings, Other) **CREDIT/LOAN ACCOUNTS** Type Of Account (Operating Line Of Date **Current Outstanding Original Loan** Maturity/ **Payment Frequency** Credit, Term Loan, Other) **Amount Or** Balance Opened Renewal Date & Amount Have the above accounts been handled as agreed? Yes No If no, please explain: What is your opinion of the contractor's character, ability and financial responsibility? **Bank Contact Signature** Name & Title: