



WS Packaging Group

Giving Brands Life.™

Corporate Office
WS Packaging Group, Inc.
2571 S. Hemlock Road
Green Bay, WI 54229
Phone: 920-866-6300
Fax: 920-866-6485
www.wspackaging.com

Dear Valued Customer,

Welcome to WS Packaging Group and thank you for giving us the opportunity to become your packaging supplier. Our goal is to provide you with the best quality product and service that we can.

In order to do so, we ask that you complete the attached documentation in its entirety. Unfortunately, incomplete information may result in the delay of processing your order and be an inconvenience to you.

Kindly return your completed packet via email to credit@wspackaging.com, or by fax to 920-866-6510.

By completing this one credit application and upon credit approval, you will be an established customer throughout WS Packaging Group. A listing of all of our facilities and locations can be found on our website at:
<https://wspackaging.com/about/locations>

An added benefit of being our business partner is you will have 24/7 visibility to your account through our WebFlex portal. Details of this program are included in the following pages.

Thank you for your prompt cooperation. Again, we appreciate this opportunity and look forward to a very successful business partnership.

Sincerely,

The WS Packaging Credit Team

Phone: 920-866-6355

Fax: 920-866-6510

Email: credit@wspackaging.com



Creative

Accountable

Respectful

Effective

Supportive



Please return to credit@wspackaging.com or fax to 920-866-6510

In consideration of credit extended to the applicant, the applicant agrees to the following terms and conditions:

TERMS: Terms are Net 20 days from the date of the invoice unless otherwise noted on the invoice. A service charge of 1.5% monthly, 18% annually is charged on past due accounts.

RETURN POLICY: The applicant will be responsible for products not returned. Return of product must be preapproved.

COLLECTION: In the event any account is placed with a collection agency, attorney for collection or through other legal process, applicant agrees to pay actual collection or attorney's fees, including accrued service charges.
CUSTOMER CONSENTS TO PERSONAL JURISDICTION AND VENUE IN BROWN COUNTY, WISCONSIN.

CREDIT APPLICATION

Failure to complete all items may result in delay and inconvenience

Customer information (must be filled out completely)

Legal Business Name: _____	State & Year of Origin: _____
Doing Business As: _____	Federal ID# _____
Address: _____	Taxable? _____ If NO, please complete attached Exemption Certificate
Address 2: _____	DUNS# _____
City / State / Zip: _____	Web Site Address: _____
Phone: _____	A/P Name: _____
Fax: _____	A/P Phone No.: _____
	A/P Email: _____

Ownership Information

Type of Business: Sole Proprietorship Partnership Corporation LLC and Other

Are you, a family member, or any of your company's employees also employed by WS Packaging Group, Inc.?

Yes No If Yes, please list their name(s) _____

The applicant hereby authorizes the bank to release to WS Packaging Group all information requested. All information will be kept confidential. The applicant hereby certifies that all statements and representations on the application are true and correct and that he/she has read, understands and agrees to the terms and conditions stated above and on the WS Packaging Group website at www.wspackaging.com

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____





REFERENCES

(you may attach your standard reference sheet)

Bank Reference

Bank Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Account Number: _____
_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Contact: _____
_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Contact: _____
_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Contact: _____
_____ Contact Email: _____





ACCOUNT SETUP REQUIREMENTS

INVOICE DELIVERY:

WS Packaging Group, Inc. is a Green company and we email all invoices to our customers. Please provide the email address where invoices can be sent:

Email Address: _____

PAYMENT METHODS:

WS Packaging Group, Inc. accepts the following forms of payment: (Note: Please include our invoice # and payment amount on all remittances)

- ACH
Funds must be directed to:
Bank of America
ABA # 071000039
W/S Packaging Group Inc.
Account # 8670017441
Remittance details must be emailed to ach@wspackaging.com
- Wire Transfers
- e-Check
- Company Check
Funds must be mailed to:
WS Packaging Group, Inc.
PO Box 74007320
Chicago, IL 60674-7320

WEBFLEX:

WS Packaging Group, Inc. is excited to offer you 24/7 visibility to your account through our WebFlex portal. After you return this completed packet to us, we will send you your login and password.

Through WebFlex you will be able to:

- Review the Status of your recent orders & view inventory levels.
- Place a release order for parts in stock or place a new order for parts not in stock.
- Upload new art and view your current artwork portfolio.
- Review the status and details of your recent invoices.
- Submit a quote for a new part.
- Have access to tools such as our roll-length & unwind calculator.

Please provide us with the following so we may get you started.

Your Name: _____

Email Address: _____





SALES TAX EXEMPTION CERTIFICATE

Table with 4 columns: STATE, REGISTRATION #, STATE, REGISTRATION #. Lists states: ARIZONA, CALIFORNIA, GEORGIA, ILLINOIS, MICHIGAN, MINNESOTA, NEVADA, NEW YORK, OHIO, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, WISCONSIN.

DROP SHIPMENTS ~ If we drop ship orders to a 3rd party on your behalf to one of the States listed above, please provide your home state (bill to state) sales tax registration information below to support your organizations non-taxable drop shipment purchases. Three Exceptions: 1) IL requires our customer to complete a separate blanket sales tax exemption certificate form stating they have no taxable presence. We can provide this IL form if it applies. 2) NY requires our customer to complete a NY sales tax exemption certificate as a non-registrant. 3) CA requires we obtain this certificate with your home state information AND a California exemption certificate from your customer or co-packer.

Table with 2 columns: HOME STATE, REGISTRATION #.

I hereby claim that the use of the tangible personal property purchased, our activity as the purchaser, or both qualifies for exemption as indicated: [] Resale [] Government [] Charitable [] Direct Pay [] Manufacturing/Production [] Other

Legal Company Name
Doing Business As

Address

City, State & Zip

Phone# Fax#

Printed Name Title

Authorized Signature: Date:



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