



Dear Purchasing Department,

Thank you so much for your interest in Parkway's products! We are really excited to have the opportunity to work with you and wanted to let you know that we are here to help incase you have any questions along the way.

To get you started, I wanted to let you know that we have an online catalog located at: <http://www.parkwayjars.com>. And our updated pricelist and brochure can be downloaded at: <https://store.parkwayjars.com/login.php?from=account.php%3Faction%3D>.

For your convenience, I have attached our standard credit application to this email. If you are interesting in applying for terms,

1. Please fill out the first page of this application in its entirety and
2. Email it back to us along with one bank reference and three vendor references. For your convenience we have provided with a template you can fill out incase you do not have a standard one page credit information sheet.
3. If your company is located in either NJ or CA we will also need completed state tax exemption forms for your state, or we will be required to charge and collect your state's sales tax on your purchases. Please note after an order is invoiced as taxable, we have no choice but to collect tax for that invoice. We can of course update our records for future orders, but past orders cannot be revised. So if you are tax exempt please make sure to let us know right away. For your convenience, CA and NJ tax resale forms are attached.

Once we have received the above, we will reach out to your bank and your vendors and ask them to furnish us with information regarding your credit history. As soon as we receive all the information we need from them we will make a decision with regards to credit within 5 working days.

Thank you again for choosing Parkway! We look forward to speaking to you soon!

Kind Regards,

Kirstin Kelly
Secretary Treasurer

kirstin.kelly@parkwayjars.com

Ned Rowan
VP of Sales

ned.rowan@parkwayjars.com

Freddy Sosa
Accounts Receivable /
Customer Service
receivables@parkwayjars.com



Credit Application – Limited Liability Corporation

Company Name: _____

Physical Address: _____

Billing Address (if different from above): _____

Website: _____ Phone: _____ Fax: _____

Annual Sales Volume: _____ No of Years in Business ? _____

Primary Lines of Business: _____ Uses for Packaging: _____

How did you hear about Parkway? _____

ACH is Parkway's preferred method of payment. Are you able to make payments via ACH? (Yes) or (No)

Officer's Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Officer's Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Accounts Payable Contact?

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Please note, we no longer send invoices by US mail. Do you have a general email address for Invoices?

In addition to the email above, please send all invoices to this email: _____

Is the AP contact above, responsible for and authorized to make payments to Parkway? (Yes) or (No)

If not, who is ? Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

The following statement must be signed and dated by an Agent of the Partnership who is authorized to make payments to Parkway for the goods or services supplied:

I agree to pay for all goods and services ordered by my corporation and delivered to our designated shipping addresses within the terms stated on Parkway's invoices. I understand and agree that unless otherwise stated by Parkway, in writing, that all products are shipped FOB factory, and payment is due 30 days from the shipping date or the invoice date, which ever is later. *I have read, understand and agree to Parkway's Terms and Conditions found on their website: www.parkwayjars.com. I understand that styrene jars; black, lined and metal caps; and custom and printed items are not returnable. I understand that Parkway Plastics is not responsible for any freight costs associated with any orders that I place. I understand that Parkway Plastics is not responsible for product compatibility. Not all materials are suitable for all applications. It is the buyers sole responsibility to test their products for compatibility with Parkway's products & services.* I further agree to pay any additional legal fees that may arise from collection efforts to collect on past due accounts.

Name: _____ Title: _____ Date: _____



To Whom It May Concern:

Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositors for release of any information in regards to their account.

When you return your completed credit application, please sign this authorization with your account number for your bank and return it also.

Thank you for your cooperation in this matter.

Date _____

I give my permission for the release of information about my
acct# _____ as required on the attached bank credit reference
letter.

Signed (X) _____



Bank's Name: _____
Email: _____
Phone: _____
Fax: _____

To Whom It May Concern:

Our customer, _____,
located at _____
is applying for credit with our company (Parkway Plastics, Inc, 561 Stelton Road,
Piscataway, NJ 08854) and they have listed you as their bank reference. We would
greatly appreciate it if you could please supply the following information to our credit
department as soon as possible:

*Regarding: Account# _____ *
Order Pending ~ Urgent Response Requested!!*

CHECKING ACCOUNT:

Type of Account: _____
Date Opened: _____
Range of Average _____
Available Daily Balance: _____
Overdraft History: _____

LOAN ACCOUNT:

Type: _____
Date Opened: _____
High Credit: _____
Currently Outstanding: _____

Very truly yours,

Freddy Sosa

p: (732)752-3636 x 123 / f: (800) 985-5370
receivables@parkwayjars.com



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To Whom It May Concern:

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F cvg"qh'Ncuv'Ucrg<aaaaaa"Co qwpv'Rcu'F wg<aaaaaa""Vgto u'qh'Ucrg<aaaaaa"

How would you describe their USUAL manner of payment?"(Please Check All that Apply)"

F kueqwpw<" "" "Rtqo r v<" "" Rtqo r v'vq'32'f c { u'rcv<"

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Xgt { "twn { " { qwtu."

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**State of New Jersey
DIVISION OF TAXATION**

**SALES TAX
FORM ST-3**

RESALE CERTIFICATE

The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed New Jersey exemption certificate.

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER

To be completed by purchaser and given to and retained by seller. See instructions on back.
Seller should read and comply with the instructions given on both sides of an exemption certificate.

TO _____ Date _____
(Name of Seller)

Address

City

State

Zip

The undersigned certifies that:

- (1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and Use Tax.
- (2) He is principally engaged in the sale of (indicate nature of merchandise or service sold):
- (3) The merchandise or services being herein purchased are described as follows:
- (4) The **merchandise** described in (3) above is being purchased: *(check one or more of the blocks which apply)*
 - (a) For resale in its present form.
 - (b) For resale as converted into or as a component part of a product produced by the undersigned.
 - (c) For use in the performance of a taxable service on personal property, where the property which is the subject of this Certificate becomes part of the property being serviced or is later transferred to the purchaser of the service in conjunction with the performance of the service.
- (5) The services described in (3) above are being purchased: *(check the block which applies)*
 - (a) By a seller who will either collect the tax or will resell the services.
 - (b) To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER (as registered with the New Jersey Division of Taxation)

(Address of Purchaser)

By

(Signature of owner, partner, officer of corporation, etc.)

(Title)

INSTRUCTIONS FOR USE OF RESALE CERTIFICATES - ST-3

- 1. Good Faith** - To act in good faith means to act in accordance with standards of honesty. In general, registered sellers who accept exemption certificates in good faith are relieved of liability for the collection and payment of sales tax on the transactions covered by the exemption certificate.

In order for good faith to be established, the following conditions must be met:

- (a) Certificate must contain no statement or entry which the seller knows is false or misleading;
- (b) Certificate must be an official form or a proper and substantive reproduction, including electronic;
- (c) Certificate must be filled out completely;
- (d) Certificate must be dated and include the purchaser's New Jersey tax identification number or, for a purchaser that is not registered in New Jersey, the Federal employer identification number or out-of-State registration number. Individual purchasers must include their driver's license number; and
- (e) Certificate or required data must be provided within 90 days of the sale.

The seller may, therefore, accept this certificate in good faith as a basis for exempting sales to the signatory purchaser and is relieved of liability even if it is determined that the purchaser improperly claimed the exemption.

- 2. Improper Certificate** - Sales transactions which are not supported by properly executed exemption certificates are deemed to be taxable retail sales. In this situation, the burden of proof that the tax was not required to be collected is upon the seller.
- 3. Correction of Certificate** - In general, sellers have 90 days after date of sale to obtain a corrected certificate where the original certificate lacked material information required to be set forth in said certificate or where such information is incorrectly stated.
- 4. Additional Purchases by Same Purchaser** - This certificate will serve to cover additional purchases by the same purchaser of the same general type of property. However, each subsequent sales slip or purchase invoice based on this Certificate must show the purchaser's name, address and New Jersey, Federal, or out of state registration number for purpose of verification.
- 5. Retention of Certificates** - Certificates must be retained by the seller for a period of not less than four years from the date of the last sale covered by the certificate. Certificates must be in the physical possession of the seller and available for inspection on or before the 90th day following the date of the transaction to which the certificate relates.

EXAMPLES OF PROPER USE OF RESALE CERTIFICATE

- a. A retail household appliance store owner issues a Resale Certificate when purchasing household appliances from a supplier for resale.
- b. A furniture manufacturer issues a Resale Certificate to cover the purchase of lumber to be used in manufacturing furniture for sale.
- c. An automobile service station operator issues a Resale Certificate to cover the purchase of auto parts to be used in repairing customer cars.

EXAMPLES OF IMPROPER USE OF RESALE CERTIFICATE

In the examples below, the seller should not accept Resale Certificates, but should insist upon payment of the sales tax.

- a. A lumber dealer can not accept a Resale Certificate from a tire dealer who is purchasing lumber for use in altering his premises.
- b. A distributor may not issue a Resale Certificate on purchases of cleaning supplies and other materials for his own office maintenance, even though he is in the business of distributing such supplies.
- c. A retailer may not issue a Resale Certificate on purchases of office equipment for his own use, even though he is in the business of selling office equipment.
- d. A supplier can not accept a Resale Certificate from a service station owner who purchases tools and testing equipment for use in his business.

REPRODUCTION OF RESALE CERTIFICATE FORMS: Private reproduction of both sides of Resale Certificates may be made without the prior permission of the Division of Taxation.

FOR MORE INFORMATION:

Call the Customer Service Center (609) 292-6400. Send an e-mail to nj.taxation@treas.state.nj.us. Write to: New Jersey Division of Taxation, Information and Publications Branch, PO Box 281, Trenton, NJ 08695-0281.

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.


5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____

 PRINTED NAME OF PERSON SIGNING _____ TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____ DATE _____
()