

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: <a href="http://www.parkwayjars.com">http://www.parkwayjars.com</a>. And our updated pricelist and brochure can be downloaded at: <a href="https://store.parkwayjars.com/login.php?from=account.php%3Faction%3D">https://store.parkwayjars.com/login.php?from=account.php%3Faction%3D</a>.

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 Ned Rowan Freddy Sosa

Secretary Treasurer VP of Sales Accounts Receivable /
Customer Service

kirstin.kelly@parkwayjars.com ned.rowan@parkwayjars.com receivables@parkwayjars.com



# **Credit Application – Partnership**

Company Name:			
Physical Address:			<del></del>
Billing Address (if different from above):			
Website:	Phone: _		Fax:
Annual Sales Volume:		No of Years in Business?_	<del></del>
Primary Lines of Business:	l	Jses for Packaging:	
How did you hear about Parkway?			
ACH is Parkway's preferred method of paymen	nt. Are you able	to make payments via ACF	H?(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	S mail. Do you h	ave a general email addres	ss for Invoices?
In addition to the email above, please send all	invoices to this e	email:	
Is the AP contact above, responsible for an	d authorized to	make payments to Park	way?(Yes) or (No)
If not, who is? Name:		Title:	
Email:	Phone: _		Fax:
The following statement must be signed an Parkway for the goods or services supplie		artner who is authorized	I to make payments to
I agree to pay for all goods and services ordered by my corpor invoices. I understand and agree that unless otherwise stated the shipping date or the invoice date, which ever is later. I have www.parkwayjars.com. I understand that styrene jars; black, la Plastics is not responsible for any freight costs associated with compatibility. Not all materials are suitable for all applications. services. I further agree to pay any additional legal fees that m	by Parkway, in writing re read, understand ar ined and metal caps; a h any orders that I pla It is the buyers sole n	g, that all products are shipped FOB and agree to Parkway's Terms and C and custom and printed items are n ce. I understand that Parkway Plasi esponsibility to test their products fo	A factory, and payment is due 30 days from Conditions found on their website: ot returnable. I understand that Parkway tics is not responsible for product or compatibility with Parkway's products &
Name:	Titl	e:	Date:



# To Whom It May Concern:

Thank you for your cooperation in this matter.

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.

Date	
I give my permission for acct#letter.	or the release of information about my as required on the attached bank credit reference
Signed (X)	



Bank's Name:	
Email:	
Phone:	
Fax:	
To Whom It May Concern:	
Our customer,	
located at	
Piscataway, NJ 08854) and they ha	apany (Parkway Plastics, Inc, 561 Stelton Road, ave listed you as their bank reference. We would lease supply the following information to our credit
*Regarding: Account Order Pending	nt# *  y ~ Urgent Response Requested!!*
CHECKING ACCOUNT:	
Type of Account:	
Date Opened:	
Range of Average	
Available Daily Balance:	
Overdraft History:	
LOAN ACCOUNT:	
Type:	- <del></del> -
Date Opened:	
High Credit:	
Currently Outstanding:	
	Very truly yours,
	Freddy Sosa

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



## To Whom It May Concern:

Uqrf 'htqo <aaaaaaaaaaaaaaaaaaaa " Ncti guv'co qwpv'qy gf <aaaaaaaaaaaaaaaaa" Uqrf "Vq<"""aaaaaaaaaaaaaaaaaa" " """"P qy 'Qy gu<&aaaaaaaaaaaaaaa"

Fcvg"qhiNcuviUcrg<aaaaaaaaa""Co qwpviRcuviFwg<aaaaaaaaa"""Vgto u'qhiUcrg<aaaaaaaaa""""

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



## To Whom It May Concern:

Uqrf 'htqo <aaaaaaaaaaaaaaaaaaaa " Ncti guv'co qwpv'qy gf <aaaaaaaaaaaaaaaaa" Uqrf "Vq<"""aaaaaaaaaaaaaaaaaa" " """"P qy 'Qy gu<&aaaaaaaaaaaaaaa"

Fcvg"qhiNcuviUcrg<aaaaaaaaa""Co qwpviRcuviFwg<aaaaaaaaa"""Vgto u'qhiUcrg<aaaaaaaaa""""

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



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Uqrf 'htqo <aaaaaaaaaaaaaaaaaaaa " Ncti guv'co qwpv'qy gf <aaaaaaaaaaaaaaaaa" Uqrf "Vq<"""aaaaaaaaaaaaaaaaaa" " """"P qy 'Qy gu<&aaaaaaaaaaaaaaa"

Fcvg"qhiNcuviUcrg<aaaaaaaaa""Co qwpviRcuviFwg<aaaaaaaaa"""Vgto u'qhiUcrg<aaaaaaaaa""""

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

**ST-3** (4-08, R-11)

# **State of New Jersey DIVISION OF TAXATION**

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.

# SALES TAX FORM ST-3

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER

Name of Seller   Name of Seller		Date			
ne undersigned certifies that:  (1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and L.  (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 applied in the performance of a taxable service on personal property, where the property which subject of this Certificate becomes part of the property being serviced or is later transferred 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.  The undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Service or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears that is my belief that the seller named herein is not required to ce sor use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears in altities for perjury and false swearing that all of the information shown in this Certificate is true.		Bate	1	(Name of Seller)	
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#### 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**

Iŀ	HEREBY CERTIFY:	
1.	I hold valid seller's permit number:	
2.	I am engaged in the business of selling the follo	ving type of tangible personal property:
3.	This certificate is for the purchase fromlisted in paragraph 5 below.	of the item(s) I ha
4.	tangible personal property in the regular cours use of the item(s) other than demonstration and my business. I understand that if I use the item	hich I am purchasing under this resale certificate in the form of my business operations, and I will do so prior to making a display while holding the item(s) for sale in the regular course n(s) purchased under this certificate in any manner other than item's purchase price or as otherwise provided by law.
5.	Description of property to be purchased for resa	e:
•		
6.	I have read and understand the following:	
	6094.5 if the purchaser knows at the time of pur use (other than retention, demonstration, or dis- certificate to avoid payment to the seller of an a	y of a misdemeanor under Revenue and Taxation Code sectichase that he or she will not resell the purchased item prior to a play while holding it for resale) and he or she furnishes a resamount as tax. Additionally, a person misusing a resale certificate is liable, for each purchase, for the tax that would have be 00, whichever is more.
NA	ME OF PURCHASER	
SIC	SNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED F	PRESENTATIVE
×		
PR	INTED NAME OF PERSON SIGNING	TITLE
AD	DRESS OF PURCHASER	
TE	LEPHONE NUMBER	DATE
,	1	