

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

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 Ned Rowan VP of Sales Freddy Sosa Accounts Receivable / Customer Service receivables@parkwayjars.com

kirstin.kelly@parkwayjars.com

ned.rowan@parkwayjars.com



# **Credit Application – Sole Proprietorship**

| 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 Pac  | skaging:   |
| How did you hear about Parkway?   |   |  |
| ACH is Parkway's preferred method of  | payment. Are you able to make pay   | ments via ACH? (Yes) or (No)   |
| Officer's Name:   | Т   | itle:  |
|   |   | Fax:   |
| Officer's Name:   |   | Title:   |
| Email:  | Phone:  | Fax:   |
| Accounts Payable Contact?   |   |  |
| Name:   |   | Title:   |
| Email:  | Phone:  | Fax:   |
| Please note, we no longer send invoice  | es by US mail. Do you have a gener  | al email address for Invoices?   |
| In addition to the email above, please s  | send all invoices to this email:  |  |
| Is the AP contact above, responsible  | e for and authorized to make payr   | nents to Parkway? (Yes) or (No)  |
| If not, who is ? Name:  |   | Title:   |
| Email:  | Phone:  | Fax:   |
| The following statement must be signal Parkway for the goods or services s  |   | o is authorized to make payments to  |
| invoices. I understand and agree that unless otherwise<br>the shipping date or the invoice date, which ever is a<br>www.parkwayjars.com. I understand that styrene jan<br>Plastics is not responsible for any freight costs assoc | ise stated by Parkway, in writing, that all produc<br>ater. I have read, understand and agree to Park<br>rs; black, lined and metal caps; and custom and<br>pciated with any orders that I place. I understand<br>plications. It is the buyers sole responsibility to t | shipping addresses within the terms stated on Parkway's<br>tts are shipped FOB factory, and payment is due 30 days from<br>way's Terms and Conditions found on their website:<br>printed items are not returnable. I understand that Parkway<br>that Parkway Plastics is not responsible for product<br>test their products for compatibility with Parkway's products &<br>ect on past due accounts. |
| Name:   | Title:  | Date:  |
|   |   |  |

Parkway Plastics, Inc. 561 Stelton Road Piscataway, NJ 08854 T: (732)752-3636 x 1112 ~ P: (800)985-5370 ~ billing@parkwayjars.com



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: | <br> |
|--------------|------|
| Email:       | <br> |
| 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:

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



"

| Xgpf qtøu'P | co g<"""aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|-------------|--|
| Go ckr≮™    | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Rj qpg<"''  | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Hcz<" "     | '''''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| " "         |  |

, C vp<'Ceeqwpu''Rc { cdng''F gr v''Qtf gt''' Rgpf kpi ''¢''Wti gpv'T gur qpug''T gs vguvgf ##, ''

### To Whom It May Concern:

"

••

"

"

| Uqnf "htqo <"aaaaaaaaaaaaaaaaa"<br>"   | "      | Ncti g  | uv'co qwpv'qy gf <'&aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|--|--------|---|--|
| Uqnf "Vq<"""'aaaaaaaaaaaaaaaaa"<br>"   | "      |   | " <b>™"</b> P qy ''Qy gı≮&aaaaaaaaaaaaaaaaaaa"           |
| F cvg'qh'Ncuv'Ucrg <aaaaaaaaaa"'co o<="" td=""><td>qwpv'R</td><td>cuv'F wg<a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<></td></aaaaaaaaaa"'co> | qwpv'R | cuv'F wg <a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<> | aaaaaaaa''''Vgto u''qh'Ucrg<'aaaaaaaaaa''                |

| <br>" |
|-------|

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

| F kueqwpwk""""""""""""""""""""""""""""""""""" | "                               | ''Rtqo 1       | r v<""""" | Rtqo r v'vq''32''f c{u''rcvg<"''  |
|---|---------------------------------|----------------|-----------|---|
| """""Uny <" "                                 | ''''''''''''''''''''''''''''''' | k vkuhce vqi   | t{<""     | ' 'Wpucvkulcevqt {<"  |
| ""Fkur wgu<"<br>" "                           | '"""Ceeqv                       | pv'Ugewtg<br>" | gf≮       | " Eqmgevkqp"ghhqtvu'pggfgf<""   |
|   |                                 |                |           | Xgt{""{qwtu."   |
|   | "                               | "              | "         | Freddy Sosa   |
|   | "                               | "              | "         | p: (732)752-3636 x 123 / f: (800) 985-5370<br>receivables@parkwayjars.com |



"

| Xgpf qtøu'P | co g<"""aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|-------------|--|
| Go ckr≮™    | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Rj qpg<"''  | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Hcz<" "     | '''''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| " "         |  |

, C vp<'Ceeqwpu''Rc { cdng''F gr v''Qtf gt''' Rgpf kpi ''¢''Wti gpv'T gur qpug''T gs vguvgf ##, ''

### To Whom It May Concern:

"

••

"

"

| Uqnf "htqo <"aaaaaaaaaaaaaaaaa"<br>"   | "      | Ncti g  | uv'co qwpv'qy gf <'&aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|--|--------|---|--|
| Uqnf "Vq<"""'aaaaaaaaaaaaaaaaa"<br>"   | "      |   | " <b>™"</b> P qy ''Qy gı≮&aaaaaaaaaaaaaaaaaaa"           |
| F cvg'qh'Ncuv'Ucrg <aaaaaaaaaa"'co o<="" td=""><td>qwpv'R</td><td>cuv'F wg<a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<></td></aaaaaaaaaa"'co> | qwpv'R | cuv'F wg <a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<> | aaaaaaaa''''Vgto u''qh'Ucrg<'aaaaaaaaaa''                |

| <br>" |
|-------|

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

| F kueqwpwk""""""""""""""""""""""""""""""""""" | "                               | ''Rtqo 1       | r v<""""" | Rtqo r v'vq''32''f c{u''rcvg<"''  |
|---|---------------------------------|----------------|-----------|---|
| """""Uny <" "                                 | ''''''''''''''''''''''''''''''' | k vkuhce vqi   | t{<""     | ' 'Wpucvkulcevqt {<"  |
| ""Fkur wgu<"<br>" "                           | '"""Ceeqv                       | pv'Ugewtg<br>" | gf≮       | " Eqmgevkqp"ghhqtvu'pggfgf<""   |
|   |                                 |                |           | Xgt{""{qwtu."   |
|   | "                               | "              | "         | Freddy Sosa   |
|   | "                               | "              | "         | p: (732)752-3636 x 123 / f: (800) 985-5370<br>receivables@parkwayjars.com |



"

| Xgpf qtøu'P | co g<"""aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|-------------|--|
| Go ckr≮™    | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Rj qpg<"''  | '''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| Hcz<" "     | '''''''''''aaaaaaaaaaaaaaaaaaaaaaaaaaaa    |
| " "         |  |

, C vp<'Ceeqwpu''Rc { cdng''F gr v''Qtf gt''' Rgpf kpi ''¢''Wti gpv'T gur qpug''T gs vguvgf ##, ''

### To Whom It May Concern:

"

••

"

"

| Uqnf "htqo <"aaaaaaaaaaaaaaaaa"<br>"  | "       | Ncti g  | uv'co qwpv'qy gf <'&aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa |
|---|---------|---|--|
| Uqnf "Vq<"""'aaaaaaaaaaaaaaaaa"<br>"  | "       |   | ''''''Pqy 'Qy gı≮&aaaaaaaaaaaaaaaaaaaa                   |
| F cvg'qh'Ncuv'Ucrg <aaaaaaaaaa"'co o<="" td=""><td>qwpv'Re</td><td>cuv'F wg<a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<></td></aaaaaaaaaa"'co> | qwpv'Re | cuv'F wg <a< td=""><td>aaaaaaaa''''Vgto u''qh'Ucrg&lt;'aaaaaaaaaa''</td></a<> | aaaaaaaa''''Vgto u''qh'Ucrg<'aaaaaaaaaa''                |

| <br>" |
|-------|

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

| F kueqwpwk""""""""""""""""""""""""""""""""""" | "                               | ' <b>R</b> tqo | r 🕊 """" | ****   | Rtqorv'vq''32''fc{u''ncvg<"'                                   |
|---|---------------------------------|----------------|----------|--------|--|
| """""Uny <" "                                 | ''''''''''''''''''''''''''''''' | k white w      | qt{<"'   | 1 11 1 | '''''Wpucvkulncevqt { <"'                                      |
| ""Fkur wgu<"<br>" "                           | '"""Ceeqv                       | pv'Ugew<br>"   | tgf≮     | "      | Eqmgevkqp"ghhqtvu"pggfgf<""                                    |
|   |                                 |                |          | Xgt{   | " "{qwtu."   |
|   | "                               | "              | "        | Fr     | eddy Sosa  |
|   | "                               | "              | "        | p: (73 | 2)752-3636 x 123 / f: (800) 985-5370<br>/ables@parkwayjars.com |

| <b>ST-3</b> (4-08, R-11)  | 3 (4-08, R-11) State of New Jersey<br>DIVISION OF TAXATION   |  |  |  |
|---|--|--|--|--|
| The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a  | ale of taxable property or services anless the purchaser gives him a   |  |  |  |
| properly completed New Jersey exemption certificate.  | ГЕ   |  |  |  |
|   | d by purchaser and given to and retained by seller.<br>Ind comply with the instructions given on both sid  |  |  |  |
| ТО  | (Name of Seller)   | Date   |  |  |
|   | (iname of Seller)  |  |  |  |
| Address   | City   | State Zip  |  |  |
| The undersigned certifies that:   |  |  |  |  |
| (1) He holds a valid Certificate  | e of Authority (number shown above) to collec  | t State of New Jersey Sales and Use Tax.   |  |  |
| (2) He is principally engaged   | in the sale of (indicate nature of merchandise   | e or service sold):  |  |  |
|   | ces being herein purchased are described as  |  |  |  |
| (4) The <b>merchandise</b> describ<br>(a) For resale in its p   | bed in (3) above is being purchased: <i>(check c</i>   | one or more of the blocks which apply)   |  |  |
|   | verted into or as a component part of a produ  | uct produced by the undersigned.   |  |  |
| subject of this C   | rformance of a taxable service on personal pertificate becomes part of the property bein service in conjunction with the performance o   | ig serviced or is later transferred to the   |  |  |
|   | (3) above are being purchased: (check the l  |  |  |  |
| <ul> <li>(a) By a seller who will either collect the tax or will resell the services.</li> <li>(b) To be performed on personal property held for sale.</li> </ul> |  |  |  |  |
|   | on personal property neid for sale.  |  |  |  |
| Use Tax Act with respect to the use of sales or use tax on the transaction of   | ad and complied with the instructions and rules pror<br>the Resale Certificate, and it is my belief that the s<br>or transactions covered by this Certificate. The un<br>ng that all of the information shown in this Certificat | seller named herein is not required to collect the dersigned purchaser hereby swears under the |  |  |
| NAME C  | DF PURCHASER (as i   | registered with the New Jersey Division of Taxation)   |  |  |
| (Address  | s of Purchaser)  |  |  |  |
| Ву  |  |  |  |  |
| (Signatu  | re 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 |       |
| <u>A</u>  |       |
| PRINTED NAME OF PERSON SIGNING  | TITLE |
|   |       |
| ADDRESS OF PURCHASER  |       |
|   |       |
| TELEPHONE NUMBER  | DATE  |
| ( )   |       |