



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 in case 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 complete the enclosed W-9 form 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 in case 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

F gukt gg'Uj grn gv
Accounts Tgekexcdrgu/
Customer Service

ct@parkwayjars.com



Credit Application - Corporation

Compan_____

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 Officer of the Corporation 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,

Desiree Shelmet

p: (732) 752-3636 x 1E1 / f: (800) 985-5370
æ@parkwayjars.com



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

***Attn: Accounts Payable Dept Order
Pending ~ Urgent Response Requested!!***

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 a credit reference. We would greatly
appreciate it if you could please supply the following information to our credit
department as soon as possible:

Sold from: _____ Largest amount owed: \$ _____

Sold To: _____ Now Owes: \$ _____

Date of Last Sale: _____ Amount Past Due: _____ Terms of Sale: _____

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

Discounts: _____ Prompt: _____ Prompt to 10 days late: _____

Slow: _____ Satisfactory: _____ Unsatisfactory: _____

Disputes: _____ Account Secured: _____ Collection efforts needed: _____

Extra Notes:

Very truly yours,

Desiree Shelmet

p: (732)752-3636 x 104 / f: (800) 985-5370
ar@parkwayjars.com



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

***Attn: Accounts Payable Dept Order
Pending ~ Urgent Response Requested!!***

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 a credit reference. We would greatly
appreciate it if you could please supply the following information to our credit
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Extra Notes:

Very truly yours,

Desiree Shelmet

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ar@parkwayjars.com