

TPC FOOD SERVICE

Application for Account Credit

Thank you for your interest in doing business with Tiffin Paper Company dba TPC Food Service. In order to process your application, it is important that we receive complete, up to date and accurate information. By taking the time to ensure that all necessary information is provided, you will facilitate and expedite our ability to process your application quickly so that we can supply you with product as efficiently as possible. If the information provided is incomplete or inaccurate, your application may be declined and/or liability may accrue in an unintended fashion. If you are in doubt regarding the information requested, you may contact TPC for assistance/clarification and/or you may wish to consult with your attorney or accountant before signing and submitting the application.

If your application is accepted, you agree that you will immediately notify TPC Food Service of any subsequent changes in the applicant's business structure, ownership or status. You further agree that all invoices will be paid by the due date and that any balance due for more than thirty (30) days will incur and accrue a finance charge of two percent (2%) per month for an annual percentage rate of twenty-four percent (24%) per year. In addition, in the event that your account becomes delinquent and TPC Food Service incurs attorney fees and/or collection costs and expenses, you shall be liable for the reasonable amount of said fees, costs or expenses incurred. All payments are to be tendered to TPC Food Service at 265 Sixth Avenue, Tiffin, OH 44883. If your application is accepted, you agree and understand that appropriate jurisdiction/venue for any subsequent legal claim or dispute properly lies in Tiffin, Seneca County, Ohio.

The undersigned applicant covenants and warrants that the information provided is true, accurate and complete; that it is being submitted for the purpose of procuring the account; and that TPC Food Service is being induced to rely upon the information provided. If this application is being submitted on behalf of a sole proprietor, a partnership, a corporation or an L.L.C., it is expressly warranted that the person signing for the applicant possesses full legal authority and authorization to submit the application and bind the business such that no separate resolution or independent document is required. If the applicant provides inaccurate or incomplete information, then in addition to all other remedies that TPC Food Service may pursue, the applicant shall also be individually liable for all sums due and owing on the account. Unless otherwise specifically noted herein, all of applicant's employees/personnel are authorized to purchase on this account.

Applicant's Name(s) (PLEASE PRINT) TPC SALESMAN

Applicant's Signature Title Date

Applicant's Signature Title Date

Applicant's Billing Address

Street City State Zip Code
Applicant's Shipping Address

Street City State Zip Code

Residence Phone Cell Phone/Pager

Business Phone Fax Number

Email Address

Type of Account: ___ Corporation ___ Partnership ___ Sole Proprietorship

Tax ID Number Resale Account (circle one) Yes No

- How did you hear about our Company
- ___ Web Site
 - ___ Word-of-Mouth
 - ___ Salesperson
 - ___ Advertising on Truck
 - ___ Advertising in Phone Book
 - ___ Other _____

Personal Guarantee

To induce you to sell merchandise and extend credit upon open account to the applicant names on the reverse side hereof, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or at any time thereafter be owed on this account.

I understand that in consideration for and in reliance on this personal guarantee, you will sell merchandise and extend credit upon an open account to the applicant.

I further understand that in the absence of this personal guarantee you would not extend credit upon said account but would insist upon payment upon delivery of any merchandise.

In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I sign this personal guarantee of credit as an individual in addition to any representative capacity.

Any requirement of prior notice of default and/or demand for payment is hereby waived.

This guarantee shall continue in full force and effect until such time as I give you written notice of revocation by registered mail. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction or commitment previously undertaken by you in reliance upon this guarantee.

This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representation or promises to me in conflict with the above provisions.

Name	Signature	Date
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Residence Address

Name	Signature	Date
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Residence Address

OFFICERS/PROPRIETORS/PARTNERS

If this application is being submitted by a Corporation or an L.L.C., please provide the following additional information:

Name and Address of President or duly authorized corporate officer

Name and Address of Designated Statutory Agent

List the State of Incorporation (i.e. Ohio)

List the Entity Number Registered with Secretary of State

Is the corporation currently in good standing? Yes _____ No _____

If the Application is being submitted by an individual or a partnership, please provide the following additional information:

Full Name(s) of all Proprietor(s)/Partner(s)

Social Security Numbers of Proprietor(s)/Partner(s)

Residence Address of Proprietor(s)/Partner(s)

Is any proprietor/partner in the U.S. Military or otherwise covered under the Soldier's Relief Act? Yes _____ No _____

Applicant's Credit References

Bank Name	Phone Number		
Address	City	State	Zip Code
1. Supplier Name	Phone Number	Fax Number	
Address	City	State	Zip Code
2. Supplier Name	Phone Number	Fax Number	
Address	City	State	Zip Code
3. Supplier Name	Phone Number	Fax Number	
Address	City	State	Zip Code

THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTRES COMPLIANCE WITH THIS LAW.

TPC Food Service
265 Sixth Ave.
P.O. Box 129
Tiffin, Ohio 44883
Ph: 800-342-0477 Fax: 419-447-7646
accounting@tpcfoodservice.com

Automatic (ACH) Debit Request

Customer Name _____
Please Print

Customer Number _____

Address _____

City, State, Zip _____

I (we) hereby authorize TPC Food Service (COMPANY"), to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/Savings Account at the depository financial institution is named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Type of Account (please circle one): **Checking** **Savings**

Bank Routing (ABA) #: _____

Account #: _____

Your terms are currently _____ days. Any invoice(s) over terms will be scheduled to be withdrawn from your account on or about the _____ day of each _____. In the event a payment is returned by the bank, I (we) agree to pay a \$30 fee for each returned transaction.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing by mail to P.O. Box 129, Tiffin, OH, 44883. I (we) understand that COMPANY requires at least three (3) days prior notice in order to cancel this authorization.

First/Last Name(s) (Print)

Date _____ Signature _____

Please attach one of the Following:

- Voided Check
- Copy of current Bank Statement
- Signed Bank letterhead with routing number and bank account number



Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

Purchaser must state a valid reason for claiming exception or exemption.

Purchaser's name

Street address

City, state, ZIP code

Signature

Title

Date signed

Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.