



## CREDIT APPLICATION and TERMS COMMUNICATION

**This Credit Application shall be incorporated into and  
be made a part of every Purchase Order and Invoice**

**PLEASE COMPLETE, SIGN AND FAX THIS 3 PAGE APPLICATION TO (916) 780-1788**

### Welcome

Thank you for your interest in doing business with Master Packaging Solutions. It is our strongest desire to build a long-term partnership with your company. We strive to be known for our integrity, treating customers like guests, and a focus on helping lower your overall cost for packaging materials and labor.

### Order Processing

We will process your order in accordance with your written or verbal Purchase Orders and our confirming Sales Orders or Invoices, as applicable. To ensure accuracy, every order for Powered Packaging Equipment and Custom Packaging requires a signed acknowledgement.

### Payment Terms

- Terms of Sale are agreed to be those specified on the face of each Quote and Invoice
- Returned checks for insufficient funds will be charged a \$ 35 handling charge
- Customer agrees to allow Master Packaging Solutions to Debit your bank account for any unpaid invoices dated 90 days or more from the date of the invoice unless we have received a written demand for mediation.

Unpaid Invoices past 45 days will be placed on Credit Hold. We reserve the right to add 1.5% interest per month or the maximum allowed by law on all unpaid amounts 60 days from the date of invoice. Purchaser shall pay all costs of collection, including reasonable attorney's fees.

### Returns

All products and services will perform in substantial accordance with applicable specifications for every purchase, including manufacturer warranties and our written documents.

- All returns require a signed and approved Return Material Authorization (RMA)
- A restocking charge may apply, depending on the manufacturer and nature of the return
- Custom Packaging Materials, Special Orders & Non-Standard Equip cannot be returned
- We will not accept any return for Standard Stock Products after 90 days from date of receipt

## Conditions

- Freight Claims for loss or damage must be made the next business day after receipt of shipment and must include a note on the Bill of Lading regarding the freight damage.
- The use of products for other than their intended use, failure to follow written instructions, or not heeding hazards stated, renders Master Packaging Solutions and our suppliers harmless and not liable.
- Master Packaging Solutions will not be held liable for failure to deliver goods or services by causes beyond our control.

## Dispute Resolution Process

When occasional challenges arise, we focus on solutions and move towards the problem while maintaining respect for all parties involved. In the unlikely event that a legal remedy is required, we desire fairness and a settlement that avoids court litigation as follows:

- This agreement shall be governed by and in accordance with the laws of the State of California. The venue and jurisdiction shall be Placer County, California.
- The parties agree to mediate in Placer or Sacramento County any dispute or claim arising out of this Purchase Order or any resulting or associated transactions before resorting to court action.
- The parties shall select one qualified mediator by agreement and mediation fees, if any, shall be divided equally among the parties involved. A demand for mediation must be responded to in writing within 30 days.
- If for any dispute or claim to which this paragraph applies, any party commences an action without first attempting to resolve the matter through mediation or refuses to mediate after a written request has been made, then that party shall not be entitled to recover attorney's fees, even if they would otherwise be available to that party in such action.

The undersigned individual acknowledges that he or she has the authority to enter into the terms and conditions of this credit application and states that all information is correct.

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this three (3) page form, sign, and fax to (916) 780-1788

or email to [Brianne@masterpackaging.net](mailto:Brianne@masterpackaging.net)

All questions can be directed to: Brianne Fuhrman - Office Manager (916) 780-1777 Ext 25

# CREDIT APPLICATION & ACCOUNT INFORMATION

Company Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Year's in Business? \_\_\_\_\_

Bill to address (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

**Sales Tax Exempt?**  
**Yes No**  
**If yes, please complete**  
**& sign the attached**  
**Resale Certificate Form**

## COMMUNICATION

How do you want invoices sent to you? Email \_\_\_\_ Fax \_\_\_\_ Mail \_\_\_\_  
Email address for invoices \_\_\_\_\_ Receiving Hours \_\_\_\_\_

Accts Payables Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
Email address (if different from above) \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
Email address \_\_\_\_\_ Best time to contact you? \_\_\_\_\_

Owner/Principal \_\_\_\_\_ Title \_\_\_\_\_  
Email address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_

Important info you want us to know \_\_\_\_\_

## TRADE REFERENCES

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Email address \_\_\_\_\_

## BANKING

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email address \_\_\_\_\_ Title \_\_\_\_\_

I authorize Master Packaging to contact the above for the purpose of establishing credit \_\_\_\_\_  
Pls Initial \_\_\_\_\_

-----  
For Office Use Only Checked by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
D&B Report Y N Sales Rep \_\_\_\_\_  
Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Resale Cert on File? \_\_\_\_\_ or N/A \_\_\_\_\_  
Entered into SF \_\_\_\_/\_\_\_\_/\_\_\_\_ BW's \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ Comments \_\_\_\_\_



www.masterpackaging.net