



CUSTOMER ACCOUNT APPLICATION

Company Name: _____
Billing Address: _____
City, State, Zip: _____
Phone #: _____ FAX# _____
Email: _____

Street Address: _____
City, State, Zip: _____
Phone #: _____

Type of Business: _____
Year Established: _____
Federal I.D.#: _____
DUNS#: _____

Accounts Payable Contact Name: _____
Phone: _____ Email: _____

The Applicant (Buyer) agrees to the following credit terms with Combi Packaging Systems LLC (Seller) and authorizes Seller to check Buyer's credit in consideration of the credit terms:

Payment terms for Equipment Orders are per quote. General Payment terms for Parts and Service Orders, unless otherwise quoted are net 30 days from date of invoice. All payments shall be made in U.S. dollars, available in the United States. Payment obligations shall be discharged only when the full amount invoiced by Seller has been received by Seller or credited to Seller's bank account.

Seller's prices do not include any U.S.A. taxes, duties or other charges levied on or incurred by Seller in connection with the Products. Such taxes, duties or charges will be added to invoice prices in those instances in which Seller is required to collect them from Buyer; provided, however, that if Seller does not collect any such taxes, duties, or other charges and is later asked or required to pay such amounts to any authority, Buyer will make such payment to Seller or, if requested by Seller, directly to such authority.

Any taxes, duties, fees, charges or assessments of any nature levied by any governmental authority outside the U.S.A. in connection with the Purchased Products or Services shall be Buyer's responsibility and shall be paid directly by Buyer. If Seller is required by law or otherwise to pay any such amounts either in the first instance or because Buyer has failed to pay the same, Seller shall be reimbursed by Buyer for such amounts paid by Seller.

PLEASE SUBMIT YOUR TAX CERTIFICATES OF EXEMPTION VIA FAX: 330-456-6247 OR

EMAIL: CSPD-CSR@combi.com

Legal Name of Applicant: _____
Authorized by: _____ Signature: _____
Date: _____ Title: _____

Please return page 1, signed by an authorized representative and page 2 of the application via fax: 330-456-6247 or email: accounting@combi.com. In lieu of completing page 2, you may submit your standard credit reference list along with the signed copy of page 1.



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Buyer's Company Name: _____

Bank Information:

Bank Name: _____

Address: _____

City, State: _____

Account#: _____

Contact Name _____

Phone #: _____ **FAX#:** _____

Email: _____

Trade References:

Company Name: _____

Address: _____

City, State: _____

Contact: _____

Phone #: _____

FAX #: _____

Email: _____

Company Name: _____

Address: _____

City, State: _____

Contact: _____

Phone #: _____

FAX #: _____

Email: _____

Company Name: _____

Address: _____

City, State: _____

Contact: _____

Phone #: _____

FAX #: _____

Email: _____

Company Name: _____

Address: _____

City, State: _____

Contact: _____

Phone #: _____

FAX #: _____

Email: _____

Please Complete and SIGN Page 1 and complete Page 2.

FAX or EMAIL your completed application to Combi Packaging Systems LLC,

FAX# 330-456-6247; email: Accounting@combi.com