

APPLICATION FOR OPEN CREDIT

FIRM NAME _____ PHONE _____

FAX # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DELIVERY ADDRESS _____

TYPE OF BUSINESS _____ YRS ESTABLISHED _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

PRINCIPALS: (NAME OF OFFICERS OR OWNERS)

_____ POSITION _____

_____ POSITION _____

BUYER _____ A/P CONTACT _____

TRADE REFERENCE:

1. _____ PHONE# _____ FAX # _____

2. _____ PHONE# _____ FAX # _____

3. _____ PHONE# _____ FAX # _____

DATE: _____

SIGNED _____

McCoy Paper Company
1180 TREND DR. • CARROLLTON, TEXAS 75006
972-416-2228 FAX 972-418-6660

BLANKET CERTIFICATE OF SALES TAX EXEMPTION

NAME

(PURCHASER)

ADDRESS

SALES TAX EXEMPTION NUMBER _____ STATE _____

TYPE OF BUSINESS

DESCRIPTION OF ITEMS TO BE PURCHASED

WE CERTIFY THAT ALL MERCHANDISE PURCHASED BY US FROM MCCOY PAPER COMPANY WILL BE:

- () FOR RESALE AT WHOLESALE OR RETAIL.
- () TO BECOME AN INTEGRAL PART OF OUR FINISHED PRODUCTS TO BE RESOLD.
- () EXEMPT UNDER LAW OTHER THAN LISTED ABOVE. PLEASE EXPLAIN.

OR

- () WE HAVE A DIRECT-PAY PERMIT.
- () BILL SALES TAX.

THIS CERTIFICATE SHALL BE CONSIDERD PART OF EACH ORDER WE GIVE, UNLESS OUR ORDER SPECIFIES OTHERWISE, AND WILL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF CHANCE IS GIVEN. WE FURTHER AGREE THAT SHOULD ANY TO US BE LATER HELD SUBJECT TO SALES TAX, WE ASSUME FULL LIABILTY AND WILL PAY THE TAX DUE DIRECTLY TO THE PROPER TAXING AUTHORITY.

SIGNATURE _____ DATE _____

NAME & TITLE _____ PHONE NUMBER _____