



# DISTRIBUTOR INFORMATION REQUEST

Thank you for your interest in YourPackagingSource. We sell exclusively through our network of registered distributors, resellers, and print partners. To join our network, please complete the information below and return this form via email to [info@yourpackagingsource.com](mailto:info@yourpackagingsource.com)

**Legal Name of Company** \_\_\_\_\_

**DBA (If any)** \_\_\_\_\_

**Mailing Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

email address: \_\_\_\_\_

**Billing Address (if different)**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Legal Form of Business: Corp \_\_\_\_ Sole Proprietor \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_

Line of Business: \_\_\_\_\_

Distributor#: \_\_\_\_\_ Distributor Group ASI, SAGE, etc ...): \_\_\_\_\_

Sales Tax Status: Exempt \_\_\_\_ Non-exempt \_\_\_\_

Principle/Owner: \_\_\_\_\_ Title \_\_\_\_\_

Principle/Owner: \_\_\_\_\_ Title \_\_\_\_\_

Primary A/P Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Banking Information:**

Bank Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

If credit terms are requested, the information provided here will be used to obtain credit reports, check references, and obtain any other information necessary to reasonable evaluate credit risk. By checking the box and affixing your name below, the named individual grants permission for yourpackagingsource to make such inquiry and certifies that the individual has authority to grant such permission.

Yes, I am requesting credit terms.

Approver Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMERCIAL ACCOUNTS PAYABLE AGREEMENT**

The information provided on this application is for the purpose of obtaining credit and is warranted by customer to be true. Applicant hereby authorizes YourPackagingSource to investigate and obtain credit and financial information concerning the Applicant at any time and from any source. All credit references (i.e. suppliers, banks, etc.) are hereby given permission to supply YourPackagingSource with any information that YourPackagingSource requests, not only at this time, but from time to time as YourPackagingSource deems appropriate. A service charge of 1.5% per month (18% per year) will be charged against any commercial account more than thirty (30) days past due. Our standard payment terms are Net 30 days from date of invoice. If legal action is taken to enforce or intercept the terms hereof, or otherwise to obtain payment from customer, customer agrees to pay attorney's fees not to exceed twenty-five (25) percent of balance owed as well as court costs and any other collection expenses incurred if the reason for late payment is deemed to be unreasonable by the court or arbitrator. Customer hereby waives trial by jury and the right thereto in any action or proceeding arising out of, under or by reason of this Agreement or any assignment or transaction thereunder.

Customer's contractual relationship with YourPackagingSource constitutes an agreement made in Maryland and is governed by the laws of Maryland. At the election of YourPackagingSource, any action arising from such agreement may be litigated in Maryland, and Customer, by issuance of an oral or written purchase order or job authorization, consents to the jurisdiction of any local, state or federal court located in Maryland. Customer recognizes that any credit extended may be reduced or terminated at any time by YourPackagingSource, and said actions are solely within the discretion of YourPackagingSource. This Agreement does not guarantee or entitle customer to any initial or continued extension of credit. Customer represents and warrants that any credit extended is being extended in connection with a commercial transaction only, and not in connection with any non-business, personal, family, or household purposes. Claims for defects, damages, theft, or shortages from any cause must be made by the customer in writing within ten (10) days after goods are delivered. Failure to make any such claim within the stated period shall constitute irrevocable acceptance and an admission that the goods delivered fully comply with all applicable terms, conditions and specifications. Under no circumstances shall customer be entitled to damages in excess of the replacement cost for any goods for which a claim is made, or to special or consequential damages, including profits (or profits lost).

Applicant grants a security interest in the work and goods on which YourPackagingSource performs services, and proceeds of such work or goods, and in any account and proceeds generated in connection with YourPackagingSource's work or goods for Applicant. Applicant grants YourPackagingSource authorization to file a financing statement to evidence such security interest.

**THIS AGREEMENT MUST BE SIGNED BY AN OFFICER, PARTNER OR OWNER:**

Your signature acknowledges your review and acceptance of this contract, that these contracts govern all current and future

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*Signature*

*Print Name*

*Title*

*Date*