

RYO PACKAGING & DISTRIBUTING, INC.

1 MOUNTAIN DRIVE
IMLAY CITY, MI 48444
PHONE: 810-721-1000 TOLL FREE 800-713-4461
FAX: 810-721-1011

NEW CUSTOMER APPLICATION

Account Name: _____

Address: _____ City _____ State _____ Zip _____

Location _____

Tax I.D. Number _____ Telephone _____ Years in Business _____

Corporation _____ Limited Liability Company _____ Partnership _____ Sole Proprietorship _____

Name of Owner _____ Soc. Sec# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Position _____

Driver's license: _____

Name of Owner _____ Soc. Sec# _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Position _____

Driver's license: _____

Bank Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Manager/Loan Officer _____ Bank Account Number _____

BUSINESS REFERENCES

Name Telephone Type of Business

- 1. _____
- 2. _____
- 3. _____

TAX STATEMENT. The undersigned certifies that all purchases to be made from RYO Distribution, Inc. are exclusively for re-sale and therefore no sales taxes are to be charged. The undersigned further certifies that in the event that such purchases are not for the purpose of re-sale, or the undersigned fails to re-sell them in accordance with the definition thereof under applicable Michigan Law, that they assume the responsibility for and will pay for all applicable sales and/or use taxes.

LATE CHARGES AND COLLECTION FEES. The undersigned understands and agrees that in the event any account owed by them should become overdue that RYO Distribution, Inc. will charge a late fee at the rate of 1-1/2 percent (1-1/2%) per month on the unpaid balance and further agrees that in the event any collection proceedings should become necessary they will pay reasonable attorney fees, court costs. And other reasonable expenses incurred in any effort to collect any overdue and delinquent amount.

RETURNED CHECKS. All checks returned are subject to a Twenty-Five Dollars (\$25) service charge

The above information is submitted for the purposes of obtaining credit. The undersigned authorizes you to make such inquiries as are necessary to obtain credit information and authorizes my bank, suppliers, and credit references to release information regarding my account(s).

I/WE certify that everything stated on this application is true and correct to the best of my/our knowledge.

By: _____
Signature Print Name and Title Date

By: _____
Signature Print Name and Title Date