



Financial services for First Alert and BRK
 9999 E 121st St Fishers, IN 46037
 Phone 1-317-567-8731 • Fax 1-317-567-8782

APPLICATION FOR CREDIT

THE FOLLOWING INFORMATION IS REQUESTED AS A BASIS FOR EXTENDING CREDIT AND WILL BE TREATED AS CONFIDENTIAL

Minimum order amount to apply for credit terms is \$3,000. Terms are Net 30 days. A credit investigation will be conducted on all new applications.

References will be contacted and credit data will be obtained from an outside source. Once credit terms have been established, if there is no activity after one (1) year, customer must re-apply. Please return completed application to your broker or customer service representative along with a copy of your most recent W-9

Once your application has been approved, you will be notified by your broker or a customer service representative of your terms and credit limit.

Company Name		Phone Number	
Street Address	City	State	Zip
Billing Address	City	State	Zip
Trade Style Name (If Different From Company Name.)	Legal Entity:	Federal ID #	Duns & Bradstreet #
	<input type="checkbox"/> Corporation (In State) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
If not Corporation, indicate names and address of owners and/or officials			
Name	Address	City	State Zip
Name	Address	City	State Zip
Name	Address	City	State Zip

Bank Reference	Account #	
Person to Contact	Phone #	Fax #
Street Address	City/State	

TRADE List four (4) principal suppliers who currently supply an open account. Please include current phone and fax numbers. It is the express desire of Applicant that all references herein names furnish Jarden Branded Consumables with credit information

Name	Address
Phone Fax	City/State/Zip
Name	Address
Phone Fax	City/State/Zip
Name	Address
Phone Fax	City/State/Zip
Name	Address
Phone Fax	City/State/Zip

Are you exempt from state sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No **Please complete the attached blanket resale certificate**		
Applicant agrees to pay all costs including reasonable attorney fees if this account is placed for collection.		
Estimated Credit Limit Required	Authorized Purchaser/Owner	Date
Estimated Average Monthly Purchases	Printed Name of Purchaser/Company	Date
Sales Representative	Territory	Date



UNIFORM SALES & TAX CERTIFICATE – MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as they may change.

Issued to Seller	<input type="checkbox"/> Jarden Home Brands	<input type="checkbox"/> Lifoam Industries	<input type="checkbox"/> The United States Playing Card CO
Address: 9999 E 121 st St.		City: Fishers	State: IN Zip: 46037

I Certify that:

Name of Firm (Buyer): _____

Address _____ City _____ State _____ Zip _____

Is engaged as a registered

Wholesaler Retailer Manufacturer Seller (California) Lessor Other (Specify) _____

And is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business _____

General Description of Tangible Property or Taxable Services to be Purchased From the Seller _____

State	State Registration, Seller's Permit or ID Number of Purchaser	State	State Registration, Seller's Permit or ID Number of Purchaser
AK	No Registration Required	MT	No Registration Required
AL		NH	No Registration Required
* AR		* NE	
AZ		* NV	
CA		* NJ	
CO		NY	Use New York Form ST-120
CT		NM	
DC		* NC	
DE	No Registration Required	* ND	
FL		* OH	
GA		* OK	
HI		OR	No Registration Required
ID		PA	
IL		* RI	
* IN	Use Indiana Form ST-105 or SSTGB	SC	
* IA		* SD	
* KS		* TN	
* KY		TX	
LA	Use Louisiana Form R-1028 or State Certificate	* UT	
ME		* VT	
MD		VA	Use Virginia Form ST-10
MA	Use Massachusetts Form ST-4	* WA	
* MI		* WV	Use SSTGB Form F0003
* MN		* WI	
MS	Use Generic Form	WY	Use SSTGB Form F0003
MO			

*Also accepts SSTGB Form F0003 (Streamline Sales and Use Tax Agreement Certificate of Exemption.)

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature _____ Owner, Partner or Corporate Officer

Title _____ Date _____



CONDITIONS OF SALE

Damages/Shortages:

Shortages or Damages must be noted on the POD/Bill of Lading:

- For freight collect shipments, the customer is responsible to file the claim with the courier and pay the invoice in full
- For freight prepaid shipments, customer is to contact our Accounts Receivable Department - JHB Deductions - deductions@jardenbc.com
- In all cases, the customer must state the conditions of goods on Bill of Lading/POD and must sign and date

RETURN POLICY:

Prior written authorization is required on all merchandise returned. Returns without authorization will not be accepted and will not receive credit. Authorized returns are to be shipped prepaid, in the original unopened cartons to a designated location. No return authorization or credit will be issued on merchandise shipped one year prior to date of request. Return merchandise is subject to a 15% handling charges.

CLAIMS:

All claims for shortage or refused merchandise must be made within 10 days after delivery and must be supported by a signed copy of the freight Bill of Lading or Proof of Delivery indicating the shortage or refused items.

Send back to: deductions@jardenbc.com



ACCOUNTS PAYABLE INFORMATION REQUEST

Company Name	Phone Number
Contact Person	Fax Number
A/P Supervisor	Phone Number
	Fax Number

Correct Addresses For: *** ALL INVOICES ARE SENT BY E-MAIL or EDI ONLY ***	
Invoices	E-mail Address
Correspondence	Address
	City/State/Zip

Please fill this out for our credit files.
 If your company has a specific payment procedure, please include a copy of this policy with your credit application.

If you have any questions, please contact:

Maureen Leland
 1-317-567-8731
mleland@jardenbc.com