



Financial services for JARDEN HOME BRANDS & THE UNITED STATES PLAYING CARD COMPANY
 14611 Commerce Road Daleville, IN 47334

APPLICATION FOR CREDIT

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

NOTE: Minimum order amount to apply for credit terms is \$1,000.

A credit investigation will be conducted on all new applications. References will be contacted and credit data will be obtained from an outside source such as: D&B, Global Credit, and/or Business Net where available. Once credit terms have been established if no activity after one (1) year customer must reapply.

Please return completed application to your broker or customer service representative.

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 CODE
BILLING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE
Trade Style Name If Different From Company Name:	LEGAL ENTITY	DATE ORGANIZED (INCORPORATED) -->	
	<input type="checkbox"/> CORPORATION (IN STATE) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>	Federal ID Number	Dun & Bradstreet #
If not corporation, indicate names and addresses of owners and/or officials			
Name	Address	City	State Zip
Name	Address	City	State Zip
Name	Address	City	State Zip

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

TRADE: List five (5) principal suppliers who currently supply on open account: Please include current phone and fax numbers

It is the express desire of Applicant that all references herein named 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		Signature of Purchases or Agent		Date
Estimated Average Monthly Purchases		Printed Name of Purchaser / Company		Title
Sales Representative	Territory	Date		

BLANKET RESALE CERTIFICATE

The undersigned vendee hereby certifies that it is a regularly licensed retailer under the law(s) of the state(s) indicated on this form, holding the sales tax license or permit number(s) there enumerated and that all the tangible personal property purchased from:



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Is exempt from sales and use tax for the following reason: _____ (Check applicable box below)

Resale, in the regular course of business, in the form of tangible personal property.

Other authorized exemption (describe below):

This certificate shall be considered a part of each order given by vendee from and after the effective date hereof, unless such order shall otherwise specify.

This certificate shall continue in full force and effect unless and until revoked in writing by the vendee.

The vendee understands and agrees that if it uses any property purchased tax-free under this certificate in any manner which would not exempt the sale from tax, it becomes the user or consumer of such property, and as such assumes liability for and undertakes to pay the tax and interest and penalty thereon, if any.

Date as of the _____ day of _____, _____
Month Year

Name of Purchaser: _____

Signature of Purchaser of Agent: _____

Title of Authorized Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

This certificate is valid only for the State(s) as to which the appropriate blank is filled in.

IMPORTANT

Please insert your sales tax license or registration number in the following tax jurisdictions in which you are registered.

License Number	License Number	License Number
Alabama _____	Louisiana _____	Ohio _____
Alaska _____	Maine _____	Oklahoma _____
Arizona _____	Maryland _____	Oregon _____
Arkansas _____	Massachusetts _____	Pennsylvania _____
California _____	Michigan _____	Rhode Island _____
Colorado _____	Minnesota _____	South Carolina _____
Connecticut _____	Mississippi _____	South Dakota _____
Delaware _____	Missouri _____	Tennessee _____
Florida _____	Montana _____	Texas _____
Georgia _____	Nebraska _____	Utah _____
Hawaii _____	Nevada _____	Vermont _____
Idaho _____	New Hampshire _____	Virginia _____
Illinois _____	New Jersey _____	Washington _____
Indiana _____	New Mexico _____	West Virginia _____
Iowa _____	New York _____	Wisconsin _____
Kansas _____	North Carolina _____	Wyoming _____
Kentucky _____	North Dakota _____	



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ACCOUNTS PAYABLE INFORMATION REQUEST

Company Name: _____

Contact Person: _____

Phone #: _____

Fax #: _____

A/P Supervisor: _____

Phone #: _____

Fax #: _____

CORRECT ADDRESS FOR:

Invoices

Correspondence

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 Jean Jestus at:

Phone: (218) 878-2739

Email: jjestus@jardenbc.com

Thank you,

Kim Huffman

Manager, General Accounting

14611 Commerce Road * Daleville, Indiana 47334 * Phone 765-557-3000 * Fax 765-557-3251