



OPEN DOOR SOLUTIONS, LLC

NEW CLIENT PROFILE FORM
Anh@opendoorpackaging.com

Company Name: _____ Customer#: _____

Billing Address: _____

A/P Contact: _____ Phone: _____

Email: _____ Fax: _____

Purchasing Contact: _____ Phone: _____

Email: _____ Fax: _____

Send Invoices to: _____ Phone: _____

Email: _____ Fax: _____

PLEASE NOTE: PAYMENT TERMS ARE TO BE DETERMINED UPON CREDIT APPLICATION

Pick-up/Ship Address: _____

(if multiple addresses
use separate cover)

Site Contact: _____ Phone: _____

Email: _____ Fax: _____

Would you like ODP to keep your credit card on file for future purchases? Yes No

PLEASE NOTE: If yes, a credit card authorization form must be completed and submitted to ODP's A/R department. Please contact customer service or your sales representative for more information.

Do you require a PO#? _____ Not to Exceed: _____

Special Pricing Information: _____

Special Instructions: _____

Corporation Partnership Individual Other: _____

Federal ID#: _____ Sellers Permit#: _____ Date: _____

Authorized Signature: _____ Title: _____

For ODP Use Only

Sales Rep #: _____ Territory: _____ D&B Rating: _____ Credit Limit: _____



OPEN DOOR SOLUTIONS, LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid on "COD" until a credit limit is approved.
2. All invoices are to be paid within approved terms.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize OPEN DOOR SOLUTIONS, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____



PRINTED NAME OF PERSON SIGNING _____ TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____ DATE _____
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CREDIT CARD AUTHORIZATION FORM

As the credit card holder, I also authorize Open Door Solutions, LLC, to hold on file and charge my credit card for future purchases, when invoices are due, according to the payment terms on my account that I have agreed to.

To Whom It May Concern:

I _____ hereby authorize Open Door Solutions LLC. to charge my:

VISA() MASTER CARD() AMERICAN EXPRESS() credit card,

Account # _____ Exp. Date _____ CVV _____

Full Name on Card _____

Street _____ Apt. / Suite _____

City _____ State _____ Zip Code _____

Home Phone _____ Day Time Phone _____

Payable To:	
Invoice No:	
Invoice Amount:	

Signed _____

Date _____

Resale Certificate # _____

Company Name _____

Buyer Name _____

We use Paya Merchant Services and they will charge a 3.4% merchant fee for all credit card transactions.

Authorization Valid Until: / / Initials Here: _____