



WBE Certified

NAWBO

3140 PARK AVENUE
ST. LOUIS, MO 63104

PH: 314-241-3060
FX: 314-241-3171

Established in 1986, Garrett Paper, Inc. has continued to be a family owned and operated business. We are committed to customers through excellent customer service, accurate and fast deliveries, as well as maintaining long-term customer/vender relations. Garrett Paper upholds these principles by continuous upkeep and expansion of our product lines to better serve our customers' needs. We offer a variety of products including custom printed pizza boxes, and our new Green products. We pride ourselves on our customer service representatives' knowledge base to assist you in choosing the perfect product for your specific needs.

We look forward to working with you!

Hours of Operation:

M-F 8:00am – 4:30pm

Sat 10:00am – 1:00pm

Delivery Charges:

FREE delivery on orders over \$120.00

\$2.00 charge for orders under \$120.00

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*****\$10.00 Saturday Delivery

Payment Terms:

*All orders must be paid COD or by pre-arranged Credit Card payment, pending receipt and processing of completed credit application.

*Net terms to be set by credit department.

*Client must remain within payment terms or deliveries may be held pending payment



3140 Park Avenue
St. Louis, Missouri 63104
314 241-3060 • Fax (314) 241-3171

Sales Agreement, Credit Application, Company and Personal Guarantee

Please answer all questions:

Company name _____ Date _____

Street address _____

City _____ State _____ Zip code _____

P.O. Box _____

Telephone number (_____) _____ Fax number (_____) _____

Name

Address

President _____

Vice President _____

Secretary _____

Treasurer _____

This Company is a: Corporation or Partnership or Proprietorship Check here if formed within the last twelve (12) months

The exact corporate or partnership name is _____

Federal identification number _____

Bank name _____ Account number _____

Bank officer or department _____ Telephone number _____

What do you anticipate your monthly credit requirements to be? _____

PRESENT CREDIT REFERENCES

Name _____

Address _____

Telephone number (_____) _____ Contact person _____

Name _____

Address _____

Telephone number (_____) _____ Contact person _____

Name _____

Address _____

Telephone number (_____) _____ Contact person _____

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1. GARRETT PAPER, INC.'s terms of payment on open account are net due within _____ days of date of invoice.
 2. Any accounts which have a past due balance will be placed on credit hold.
 3. The customer agrees to pay within the above terms of payment. Any amount owed by the customer past the _____ day of the date of invoice will be considered past due and the customer agrees to pay a service charge of 1½% per month on this past due amount. Additionally, in the event it comes necessary for GARRETT PAPER, INC., to employ an attorney to bring suit for the recovery for any sum due, attorney's fees, expert's fees and other expenses of collection or litigation whether or not suit is filed, so incurred by GARRETT PAPER, INC., shall be paid by customer, which obligation on part of customer shall be enforceable regardless of where the action is prosecuted to judgment.

COMPANY GUARANTEE AND PERSONAL GUARANTEE

Please sign only the section that describes your business structure.

- 1. Sole Proprietorship.** The customer/proprietorship and the individuals whose names appear below certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We further agree and guarantee full performance of the proprietorship's obligations under the Sales Agreement, Credit Application, Company and Personal Guarantee.

Name of sole proprietorship _____ Owner's Social Security Number _____

Husband's signature _____ Date _____

Wife's signature _____ Date _____

- 2. Partnership.** The customer/partnership and the individuals whose names appear below certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We further agree and guarantee full payment of the partnership's obligations under the Sales Agreement, Credit Application, Company and Personal Guarantee.

Partnership name _____

Husband's/Partner's signature _____

Date _____ Social Security Number _____

Wife's/Partner's signature _____

Date _____ Social Security Number _____

Husband's/Partner's signature _____

Date _____ Social Security Number _____

Wife's/Partner's signature _____

Date _____ Social Security Number _____

- 3. Corporation.** The customer/corporation and the individual whose names appear below certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We further agree and guarantee full performance of the corporation's obligations under the Sales Agreement, Credit Application, Company and Personal Guarantee.

Corporation name _____

By (authorized signature) _____

Date _____ Title _____

Full performance of corporation's obligations under this Sales Agreement, Credit Application, Company and Personal Guarantee are individually guaranteed by the following persons:

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

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INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

INDIVIDUAL GUARANTOR _____

Date _____ Social Security Number _____

Address _____ Telephone number _____

Tax exempt? Yes No *If "yes," a copy of Tax Exempt Certificate must accompany application.*

Accounts payable: Phone _____ Fax _____

E-mail address _____



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
SALES/USE TAX EXEMPTION CERTIFICATE

FORM
149
(REV. 10-2004)

**THIS FORM IS TO BE
GIVEN TO THE SELLER BY
THE PURCHASER.**

PART A

1. PURCHASER X	DOING BUSINESS AS X
ADDRESS X	CITY, STATE, AND ZIP X
2. SELLER Garrett Paper, Inc.	DOING BUSINESS AS Garrett Paper
ADDRESS 3140 Park Avenue	CITY, STATE, AND ZIP St. Louis, MO 63104
3. PRODUCT OR SERVICES PURCHASED	
4. PURCHASER'S TYPE OF BUSINESS	

5. CLAIMING EXEMPTION FOR

<input type="checkbox"/> RESALE (COMPLETE PART B BELOW)	<input type="checkbox"/> REPLACEMENT MACHINERY, EQUIPMENT & PARTS
<input type="checkbox"/> NEW PLANT	<input type="checkbox"/> WHOLESALERS (TAX ID NOT REQUIRED)
<input type="checkbox"/> INGREDIENT OR COMPONENT PART	<input type="checkbox"/> COMMON CARRIER
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> LOCOMOTIVE FUEL
<input type="checkbox"/> PLANT EXPANSION	
<input type="checkbox"/> OTHER (EXPLAIN) _____	

PART B

IF CLAIMING EXEMPTION FOR RESALE, PLEASE COMPLETE THE FOLLOWING

1. PURCHASER'S HOME STATE Missouri	2. PURCHASER'S STATE TAX I.D. NUMBER X
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3. GENERAL DESCRIPTION OF PRODUCT TO BE PURCHASED FROM THE SELLER _____

Note: Illinois does not have an exemption on sales of property for subsequent lease or rental.

Caution to Seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of business. In some states or cities, a seller failing to exercise due care should be held liable for the sales tax due.

PART C

I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT) X	DATE X
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