



WORLDWIDE

a division of Wisconsin Label Corporation, a subsidiary of WS Packaging Group, Inc.

Slot-Tickets
2571 S. Hemlock Road
Green Bay, WI 54229

Phone: 901-377-1849
Fax: 901-377-1102
www.slot-tickets.com

Please return to susan.mitchell@slot-tickets.com or Fax to 901-377-1102

In consideration of credit extended to the applicant, the applicant agrees to the following terms and conditions:

TERMS: Terms are Net 20 days from the date of the invoice unless otherwise noted on the invoice. A service charge of 1.5% monthly, 18% annually is charged on past due accounts.

RETURN POLICY: The applicant will be responsible for products not returned. Return of product must be preapproved.

COLLECTION: In the event any account is placed with a collection agency, attorney for collection or through other legal process, applicant agrees to pay actual collection or attorney's fees, including accrued service charges.

CUSTOMER CONSENTS TO PERSONAL JURISDICTION AND VENUE IN BROWN COUNTY, WISCONSIN.

CREDIT APPLICATION

Failure to complete all items may result in delay and inconvenience

Customer information (must be filled out completely)

Legal Business Name: _____	State & Year of Origin: _____
Doing Business As: _____	Federal Tax ID# _____
Address: _____	Taxable? _____ If NO, please send Exemption Certificate
_____	DUNS# _____
_____	Web Site Address: _____
Phone: _____	A/P Name: _____
Fax: _____	A/P Phone No.: _____
	A/P Email: _____

Ownership Information

Type of Business: Sole Proprietorship Partnership Corporation LLC and Other

Please provide (on a separate attachment) the names, titles, residential addresses, and SSN's of all officers or owners.

Requested Credit Line

<input type="checkbox"/> Less than \$5,000	<input type="checkbox"/> \$5,000-\$10,000 Need Signed Application	<input type="checkbox"/> \$10,000-\$25,000 Need Signed Application & Supporting References	<input type="checkbox"/> Greater than \$25,000 Need Signed Application & Supporting References
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Bank Reference (may attach separate document)

Bank Name: _____	Phone: _____
Address: _____	Fax: _____
_____	Account Number: _____
_____	Contact Email: _____

The applicant hereby authorizes the bank to release to WS Packaging Group all information requested. All information will be kept confidential. The applicant hereby certifies that all statements and representations on the application are true and correct and that he/she has read, understands and agrees to the terms and conditions stated above and on the Slot Tickets website at www.slot-tickets.com

Authorized Signature: _____ Title and Date: _____



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Supplier Reference (may attach separate document)

Business Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

_____ Contact Email: _____

Supplier Reference

Business Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Contact: _____

_____ Contact Email: _____

SALES TAX EXEMPTION CERTIFICATE

STATE	REGISTRATION #	STATE	REGISTRATION #
ARIZONA		NEVADA	
CALIFORNIA		OHIO	
GEORGIA		PENNSYLVANIA	
ILLINOIS		GCI H< '85?CH5	
MICHIGAN		TEXAS	
MINNESOTA		K =G7CBG=B	

DROP SHIPMENTS ~ If we drop ship orders to a 3rd party on your behalf to one of the States listed above, please provide your home state (bill to state) sales tax registration information below to support your organizations non-taxable drop shipment purchases. **Two Exceptions:** 1) IL requires our customer to fill out a separate blanket sales tax exemption certificate form stating they have no taxable presence. We can provide this IL form if it applies. 2) CA requires we obtain this certificate with your home state information AND a California exemption certificate from your customer or co-packer.

HOME STATE	REGISTRATION #

I hereby claim that the use of the tangible personal property purchased, our activity as the purchaser, or both qualifies for exemption as indicated: Resale Government Charitable
 Direct Pay Manufacturing/Production Other _____

Legal Company Name
Doing Business As

Address

City, State & Zip

Phone#	Fax#
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Printed Name	Title
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Authorized Signature: _____ **Date:** _____

Please fax this completed form to (920) 751-5799. If you have any questions please call JoAnn Baumann at (920) 866-6383.

- In an effort to "Go Green" Slot-Tickets has the capability to send our customers invoices via e-mail or fax. Please check one of the below options on how you would like to receive your invoices and fill in the corresponding information.

E-mail Address: _____

Fax Number: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

- Slot-Tickets payment remit to address for our lockbox is:

U.S. Mailing Address:
Slot-Tickets
Drawer 706
Milwaukee, WI 53278-0706

- Slot-Tickets accepts the following forms of payment.
 - Company Check
 - Credit Card
 - VISA
 - MasterCard
 - ACH
 - Domestic Wire Transfers
 - International Wire Transfers
 - eCheck
- If you would like to submit payments in a form other than Company Check please call us at 920-866-6587 or e-mail arinquiry@wspackaging.com and we can get you the appropriate documents to get your account set up.