

VICTORIAN TRADING CO.

W H O L E S A L E D I V I S I O N

15600 W. 99th Street • Lenexa, Kansas 66219 • P: 800/735.5354 • F: 800/724.7697

Date: _____ Account No.: _____ Circle One: Corporation Partnership Individual

Name of Firm: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

How Long in Business? _____ How Long at this address? _____ Tax I.D. #: _____

CORPORATION:

President: _____

CFO: _____

PARTNERSHIP:

Partner: _____

Partner: _____

INDIVIDUAL: Owner: _____

MAJOR TRADE REFERENCES: *References listed must be active accounts (last 12 mo) with which you are presently on Net-30 terms.*

Firm Name: _____ Acct. #: _____

Phone: _____ Fax: _____ ***

Address: _____

Firm Name: _____ Acct. #: _____

Phone: _____ Fax: _____ ***

Address: _____

Firm Name: _____ Acct. #: _____

Phone: _____ Fax: _____ ***

Address: _____

BANK REFERENCE:

Bank Account No.: _____ Fax: _____ ***

Bank Name: _____ Phone: _____

Address: _____

SIGNATURE & FAX NUMBERS ARE REQUIRED. APPLICATIONS WITHOUT WILL NOT BE PROCESSED.

*** Signature of Applicant:** _____ **Date:** _____

We, the undersigned, do hereby jointly, severally and personally guarantee the prompt payment of any and all indebtedness of the applicant to the seller according to the terms thereof. I/we agree that Victorian Trading Company may assess the applicant service charges and interest at a rate of 1.5% per month or the highest rate applicable under the law on any past due balances. I authorize a 'Collection by Draft' to my bank for any amount in arrears of 30 days or more. In case suit of action is instituted to collect any portion of an account owed by any parties to this agreement, I/we promise to pay such additional sums as the court may adjudge reasonable, including attorney's fees. I/we authorize disclosure of credit information to Victorian Paper Company dba Victorian Trading Company for the express purpose of establishing credit terms.

Please contact Customer Service at 800/735.5354 or wholesale@victorianpaperco.com with credit application questions or concerns.

UNIFORM SALES & USE TAX CERTIFICATE - MULTIJURISDICTION

Issued to Seller: VICTORIAN TRADING CO. WHOLESAL

Address: 15600 W. 99TH ST., LENEXA, KS, 66219

I certify that:

Company Name (Buyer): _____ is engaged as a registered:

Wholesaler _____

Retailer _____

Address: _____ Manufacturer _____

_____ Lessor _____

_____ Other (Specify) _____

and is registered with the below listed state and city within which Victorian Trading Co. Wholesale 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 _____

I further certify that if any property or service so purchased tax free is used or consumed by the company 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 the added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified and shall be valid until cancelled 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: _____