

Application for Credit

Mail to: Move 'N Store 730 E. University Dr., Phoenix, AZ 85034
or Fax to: (800) 552-2636

Pioneer Packaging, Inc., DBA



Legal Business Name _____

Facility (DBA) Name _____

Sole Proprietorship Partnership Corporation/LLC (State _____)

Federal ID No. _____ State Tax/Resale No. _____ Date Business Started _____

D&B No. _____ Web Address _____

Delivery Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax No. (____) _____

Billing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax No. (____) _____

Do you Use Purchase Orders? _____ Authorized Buyer(s) _____

Person(s) Responsible for Accounts Payable _____

AP Phone (____) _____ AP Fax No. (____) _____ AP Email _____

CORPORATE OFFICERS, PARTNERS OR OWNERS

NAME _____ Title _____ SSAN _____
Address _____ City _____ State _____ Zip _____ Phone (____) _____

NAME _____ Title _____ SSAN _____
Address _____ City _____ State _____ Zip _____ Phone (____) _____

BANKING REFERENCE

BANK _____ Phone (____) _____

Address _____ Fax No. (____) _____

City/State/ZIP _____ Account No. _____ Contact _____

BANK _____ Phone (____) _____

Address _____ Fax No. (____) _____

City/State/ZIP _____ Account No. _____ Contact _____

TRADE REFERENCES

COMPANY _____ Phone (____) _____

Address _____ Fax No. (____) _____

City/State/ZIP _____ Account No. _____ Contact _____

COMPANY _____ Phone (____) _____

Address _____ Fax No. (____) _____

City/State/ZIP _____ Account No. _____ Contact _____

COMPANY _____ Phone (____) _____

Address _____ Fax No. (____) _____

City/State/ZIP _____ Account No. _____ Contact _____

AGREEMENTS, TERMS AND CONDITIONS

- 1. The Customer indicated on the first page desires to purchase services and purchase or rent goods from Pioneer Packaging, Inc. ("PIONEER"), doing business as Move 'N Store, on open account, and agrees to be bound by the following terms and conditions.
2. Credit may be extended to Customer based on the information provided in this application, and PIONEER may rely upon this information to be true and correct in making a credit decision. PIONEER is authorized to check Customer's credit background.
3. Customer agrees to pay any and all charges, fees and costs which any authorized person incurs on the Customer's account. Customer must notify PIONEER of any unauthorized use of their account.
4. Invoices will be mailed to the address on the first page of this application. Customer agrees to notify PIONEER of any errors within 10 days after the date of the invoice. Customer shall pay each invoice in full accordance with PIONEER terms of 1% 10, Net 30. All sums over 30 days shall bear an interest charge at the rate of one and one-half percent (1.5%) per month. Customer agrees to pay a \$25.00 service charge on each dishonored check returned to PIONEER.
5. Customer agrees that if PIONEER is not paid on time, Customer shall pay for all costs and expense incurred by PIONEER in connection with collecting all sums owed, including actual fees charged by a collection agency or attorney. Customer agrees that this agreement is to be construed under the laws of the State of Arizona and that if legal action is brought to enforce this agreement, Maricopa County, Arizona, shall be the exclusive jurisdiction and legal venue for said action.
6. Upon PIONEER acceptance of the application, this agreement becomes a binding contract between the parties and embodies the entire agreement of the parties.
7. The undersigned certifies that the above information is true and correct, and that the undersigned has read and agreed to all the terms and conditions of this agreement noted on the front and reverse of this sheet.
8. PIONEER's liability to the customer for any cause whatsoever, regardless of the form of action, whether in tort, including negligence, shall be limited to the lesser of the cost of repairing or replacing the products causing the damage or the purchase price of the products causing the damage. Under no circumstances will PIONEER be liable for lost profits, incidental or consequential damages arising out of the use of or inability to use the products, even if PIONEER had been advised of the possibility of such damage.
9. Customer agrees to provide prompt written notice of any change in their name, address, ownership or form of business entity.

Signature _____ Date _____
Print Name _____ Title _____
Company Name _____

Continuing Personal Guaranty

As an inducement to Creditor to extend credit to Customer, the undersigned, unconditionally guaranty, without limitation as to amount, the prompt payment when due of any and all indebtedness of Customer to Creditor, now or hereafter owed by Customer, together with any late payment charge that may accrue thereon. In addition, the undersigned agrees to pay all costs of collection, legal expenses and actual attorneys' fees paid or incurred by Creditor in the collection of any sums due hereunder and in enforcing this Guaranty. Any and all payments upon the indebtedness made by Customer, Guarantor, or any other person and the proceeds of any and all collateral or security for any of the indebtedness, may be applied by Creditor upon such of the items of the indebtedness as Creditor shall determine in its sole discretion. Guarantor hereby waives and agrees not to take advantage of Arizona revised statutes, 12-1641 through 12-1646, and Rule 17f of Arizona rules of civil procedure. This is intended to be and is a Continuing Guaranty and shall not be revoked except by written notice to Creditor not to make any further sales, rentals, or deliveries on the security of this Guaranty and until the expiration of five (5) days after such notice shall have been received by Creditor by registered mail, return receipt requested. Any such revocation shall be effective only with respect to product shipped or delivered and services provided after the expiration of said five day period, and shall not affect in any respect liability incurred by the undersigned prior to that time. If married spouse must sign.

Signature _____ Signature _____
Print Name _____ Print Name _____
Title _____ Social Security No. _____
Social Security No. _____ Date _____
Date _____