



JWP Solutions – Customer Set-up Information

Corporate Office & Billing:

DMTG Industries, LLC

DBA JWP Solutions

2208 Hanfred Lane Ste. 101-195

Tucker, GA 30084

Toll Free: (855) 255-8440

Ph: (470) 531-3307

Email / order desk: orders@thejwpsolutions.com, sales@thejwpsolutions.com

Hours: office (M-F 8:00am-5:00pm) | Shipping/Receiving (M-F 7:00am-3:30pm)

Sales and Account Manager – Thomas Hankins – THankins@Thejwpsolutions.com– (470) 485-5668

BUSINESS SINCE	2010
TAX ID NUMBER	308897768
NAICS CODE	339999
SIC CODE	3999
DUNS#	11-904-7735
PAYMENT TERMS	NET 30

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Thank you for choosing JWP Solutions, the transport packaging management system you require to run your company efficiently. We stock thousands of industrial products, including pallets, corrugated Gaylord boxes, and Industrial Tote containers, and we can customize products specifically to fulfill your needs. We strive to serve not only Metro Atlanta but the whole Southeast Region from our location in the Dekalb Business area. Thank you for allowing us the opportunity to provide a quote. We guarantee our service, and we will work with you to come up with any custom solution.

New customer setup**Please send the following information:**

- W9 - Tax exemption or ST-5 form or Tax sales permit
- Billing contact name, address, phone, email
- Receiving contact name, address, phone, email
- Receiving hours

Terms

- Net 30

Lead time

- Please allow at least 10 days lead time for large volume pallet(s) production
- Orders received after 12pm will require an extra day.

Pallet recycling program

- Live load: JWP Solutions can pick up your scrap pallets at the time of delivery, with advanced notice. Please sort the pallets by size and stack them 20 high.

Important email addresses

Please note the following email addresses at JWP Solutions:

- via email orders@thejwpsolutions.com for new and existing orders
- via email Thankins@thejwpsolutios.com -- for accounting department

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Website: www.thejwpsolutions.comEmail: orders@thejwpsolutions.comsales@thejwpsolutions.com**VENDOR APPLICATION FORM**

Complete all applicable information fields in ink and forward this form by mail or deliver it personal to the above-mentioned address.

GENERAL INFORMATIONEmployer Identification Number (EIN):

Type of Organization: () Corporation () Individual/Sole Proprietor () Joint Venture () LLC
() Partnership/Limited Partnership () Non Profit () Others (specify) _____

Please tick the applicable item that describes the type of organization for your firm. In the event that the organization is incorporated, submit a copy of the company Certificate of Incorporation and IRS letter 147C, or any other preprinted IRS form issued by the IRS identifying your business name and Federal Employer Identification Number (FEIN), as verification of the company name and FEIN. If using a Social Security Number (SSN), a copy of the Social Security card shall be submitted. In the event that the organization is a corporation that trades in stock ownership in a public stock exchange market, check "Publicly Traded Corporation" and name the stock exchange market of registration and symbol.

Company Name (*as shown on Federal Tax return*):Alternate name, if applicable (*doing business as*):

Mailing address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Website: Business Ph#: (____) _____ - _____

Contact person:

PAYMENT INFORMATION

PAYMENT OPTION #1

DEBIT_CREDIT PAYMENT PROCESSING

Payment address (*if different from address above*):

City: State: ZIP Code:

Certified Cashier's Check: () Yes or () Purchasing Card Options: () VISA CARD () MASTER CARD

BUSINESS AND CREDIT INFORMATION		
Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Type of Account: Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	Account Number:
Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Type of Account: Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	Account Number:

PAYMENT OPTION #2	
Wiring Payment Method and Instructions: () Yes or () No: (if yes)	
Wire Transfer Instruction	
Please include the following information on all wire transfer to our bank account:	
Remit to Bank Name:	
Recipient address:	
ABA Number / Swift Number:	Account Number:
For Credit To:	For Further Credit to:
Account Number:	Reference (Ex. Invoice Number)
Account and Currency:	

ADDITIONAL INFORMATION	
Years Firm Has Been in Business <input type="checkbox"/> Less than one year <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 10+ years	
Type of Business: (Indicate by checkmark and identify type of commodity and/or service)	
<input type="checkbox"/> Manufacturer or Producer	_____
<input type="checkbox"/> Dealer or Distributor	_____
<input type="checkbox"/> Maintenance or Repair	_____
<input type="checkbox"/> Rental or Lease	_____
<input type="checkbox"/> Construction Contractor	_____
<input type="checkbox"/> Professional Services	_____
<input type="checkbox"/> Others	_____

FOR ACCOUNTING USE ONLY:

_____ **New Vendor** (A completed and signed W-9 form from the vendor (Required))

Vendor Type: _____ **V** – Standard _____ **I** – Payroll _____ **C** - Consultant/Channel Partners

_____ **Vendor Change** (Provide changes below, where applicable)

Tax Sales Certificate Number: _____ **Date received by Accounting:** _____

AGREEMENT

I agree that all invoices are to be paid 30 days from the date of the invoice and that extension of credit terms and limits are determined based on credit information available and my strict adherence to payment terms.

_____ I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I authorize the institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

_____ The undersigned certifies that the information provided here is correct, that it is submitted for the purpose of obtaining credit, and agrees to all of the following terms and conditions of sale by DMTG Industries LLC DBA JWP Solutions.

_____ **PAYMENT TERMS:** Any approved net/credit purchases made with JWP Solutions will be net 21 days from the ship date, will in-cure 1% of interest daily. Accounts over 30 days old, will be initially phoned, emailed, and sent to collections. Any account over 30 days past due will be placed on credit hold. No statement of account will be mailed.

_____ Should it become necessary to place this account for collection, suit, or other legal proceedings, the business on this application agrees to authorize mandatory automated electric payment charge to collect total purchase amount and interest incurred, pay all costs and expenses of collection, suit, or other legal action, including a reasonable attorney's fee and, if necessary, appellate fee.

_____ The business on the application hereby waives any and all privileges and rights which they may have under _____ State statutes, relating to venue, as it now exists or may hereafter be amended and further agrees that any legal action brought for collection of past due accounts may be brought in the appropriate court in Dekalb County, Tucker, GA.

_____ No returns will be accepted without a return authorization number. The customer warrants that any extension of credit or business dealing is based strictly upon presentations, as set forth herein, in the Credit Application, and the reliance upon the same by the company to extend such credit.

_____ I acknowledge/agree that payment for all invoices is due within 72 hours of the invoice's date, that no production or delivery obligations will start until the invoice is paid in full, and that the extension of credit terms and limits will be decided based on the credit information available, my strict observance of payment terms, and a 3rd party factoring company's new client credit review and approval.

Authorized Signature

Title

Printed Name

Date

AFFIRMATIONS AND SIGNATURES

The undersigned hereby certifies that the foregoing statements are true and correct and include all of the material necessary to identify and explain the operation of the business described herein. The undersigned agrees to provide ATLANTA GA DEKALB County with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract.

Signed this (date): _____ day of: _____ 20_____

Signed by: _____ Name of Firm _____

Print Name: _____ Title: _____



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CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:		
Phone:	Fax:	E-mail:
Company Address:		
City:	State:	ZIP Code:
Date Business Commenced:		
Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:		
Date Business Commenced:		

BUSINESS AND CREDIT INFORMATION

Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Type of Account: Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	Account Number:
Bank Name:		
Bank Address:	Phone:	
City:	State:	ZIP Code:
Type of Account: Savings <input type="checkbox"/>	Checking <input type="checkbox"/>	Account Number:

BUSINESS/TRADE REFERENCES

Company Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Date Account Opened:	Current Credit Limit:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Date Account Opened:	Current Credit Limit:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Date Account Opened:	Current Credit Limit:	

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I agree that all invoices are to be paid 30 days from the date of the invoice and that extension of credit terms and limits are determined based on credit information available and my strict adherence to payment terms. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I authorize the institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorized Signature _____
 Title

Print Name _____
 Date

