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## CREDIT APPLICATION

### BILLING/SHIPPING INFORMATION

Name of Business: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ Is this a Branch:(circle one)      Yes      No

Bill To: \_\_\_\_\_ Ship To: (if different) \_\_\_\_\_

\_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

May we fax your invoice/statement? \_\_\_\_\_ If yes: Fax Number: \_\_\_\_\_

May we email your invoice/statement? \_\_\_\_\_ If yes: Email Address: \_\_\_\_\_

Will Purchase orders be issued? \_\_\_\_\_ If yes are purchase orders mandatory? \_\_\_\_\_

Person authorized to issue purchase orders: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Are Purchases subject to Resale/Exemption:      Yes      No      If yes, please attached signed certificate.

Payments will be made by: (circle one)      Check      Cash      Credit Card (attach credit card form)

Annual Purchases: \_\_\_\_\_ Credit Requested: \_\_\_\_\_

### BUSINESS INFORMATION

Is your business a: (circle one)    Corporation    Partnership    Proprietorship    Individual

Federal ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

D&B Number: \_\_\_\_\_

President/CEO: \_\_\_\_\_

VP/Finance: \_\_\_\_\_

Treasurer/Controller: \_\_\_\_\_

AP Manager: \_\_\_\_\_

Initial: \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**TRADE REFERENCES**

Reference One: \_\_\_\_\_ Reference Two: \_\_\_\_\_  
Contact: \_\_\_\_\_ Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Reference Three: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**SIGNATURE**

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Eagle Paper, Inc to investigate the references listed pertaining to my/our credit financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to debtor in the event of default or failure to pay for goods sold and delivered. Buyer is aware we institute a 1.5% per month service charge on all past due accounts (annual percentage rate of 18%) and agree to pay same. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms.

\_\_\_\_\_  
Name of Authorized Person (Please Print) Title Date

\_\_\_\_\_  
Signature

FOR INTERNAL USE ONLY

Tax Body Code: \_\_\_\_\_ Sales Tax Code: \_\_\_\_\_ (Attached Resale Certificate)  
Credit Approval: \_\_\_\_\_ Limit: \_\_\_\_\_  
Sales Rep Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ (Attached application)  
Price Category: \_\_\_\_\_ Road Net System: \_\_\_\_\_