

# CREDIT APPLICATION

<input type="checkbox"/>	<b>Office Location</b>	<b>Address</b>	<b>City, ST ZIP</b>	<b>Telephone</b>	<b>Facsimile</b>
<input type="checkbox"/>	DENVER	14209 East 35 <sup>th</sup> Pl. Suite "103"	Aurora, CO 80011	(303) 373-9655	(303) 373-9658
<input type="checkbox"/>	HAWAII	320 C Waiakamilo Street	Honolulu, HI 96819	(808) 832-0001	(808) 832-0016
<input type="checkbox"/>	KANSAS CITY	1307 Vernon	N. Kansas City, MO 64116	(816) 472-8500 – (888) 832-0001	(816) 471-3293
<input type="checkbox"/>	LAS VEGAS	3655 W. Sunset Road, Suite C	Las Vegas, NV 89118	(702) 736-4441	(702) 739-6548
<input type="checkbox"/>	LOS ANGELES	12310 E. Slauson	Santa Fe Springs, CA 90670	(562) 698-1199 - (800) 774-2377	(562) 945-2597
<input type="checkbox"/>	PHOENIX	105 S. 41 <sup>ST</sup> Ave, Suite 2	Phoenix, AZ 85009	(602) 484-7337 – (800) 352-5749	(602) 484-7388
<input type="checkbox"/>	PORTLAND	4161 NE 189 <sup>th</sup> Ave	Gresham, OR 97230	(503) 405-0100 – (800) 452-8401	(503) 405-0130
<input type="checkbox"/>	UNION CITY	30108 Eigenbrodt Way	Union City, CA 94587	(510) 476-7700 – (866) 774-2377	(510) 476-7755
<input type="checkbox"/>	SALT LAKE CITY	2454 South 3600 West	West Valley City, UT 84116	(801)-364-0113 – (866) 403-6609	(801)364-0302
<input type="checkbox"/>	SEATTLE	21527 64 <sup>th</sup> Ave. South	Kent, WA 98032	(253) 518-0030 – (800) 547-5840	(253) 395-4849
<input type="checkbox"/>	ST. LOUIS	6823 Hazelwood Ave.	Berkeley, MO 63134	(314) 801-6100	(314) 524-3310
<input type="checkbox"/>	ST. PAUL	1930 Energy Park Dr.	St. Paul, MN 55108	(651) 634-0024 – (877) 634-0024	(651) 634-0305

COMPANY NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_ (IF DIFFERENT FROM BILLING ADDRESS) \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ WEB SITE \_\_\_\_\_

Spicers SALES REP. \_\_\_\_\_ ESTIMATED MONTHLY PURCHASES \_\_\_\_\_ CREDIT LINE REQUESTED \_\_\_\_\_

LEGAL ENTITY IS:  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION DATE BUSINESS ESTABLISHED \_\_\_\_\_

PURCHASE ORDER WILL BE FURNISHED:  YES  NO  OWN  RENT

### Proprietors / Partners Information

1. \_\_\_\_\_ Name \_\_\_\_\_ Residence Street Address, City, State, Zip Code \_\_\_\_\_

2. \_\_\_\_\_ Name \_\_\_\_\_ Residence Street Address, City, State, Zip Code \_\_\_\_\_

Social Security Numbers For Above Proprietors / Partners 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Corporate Information

State in Which Incorporated \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

### Bank Reference

Bank Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Personal Contact \_\_\_\_\_ Type of Account \_\_\_\_\_ Account No. \_\_\_\_\_

### Credit Has Been Established At The Following

1. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Firm Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Please Attach Most Current Financial Statement

The above information is submitted by the undersigned for the purpose of obtaining credit. The undersigned agrees to pay all invoices within the following terms of sales. (1) Cash discount if paid on or before the 15<sup>th</sup> of the next succeeding month. (2) Net and past due thereafter. (3) Accounts over 30 days past due are subject to a late payment charge of 1½% per month. Purchaser agrees to pay in accord with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law. I / (we) hereby authorize Spicers Paper, Inc. to investigate the references listed pertaining to my, our credit and financial responsibility. \*Should litigation become necessary, I / (we) consent to venue in Los Angeles if required by Spicers Paper, Inc.\*

IN ACCORDANCE WITH STATE LAW, ALL PURCHASES WILL BE CHARGED THE APPROPRIATE AMOUNT UNLESS A TAX EXEMPTION CERTIFICATE HAS BEEN RECEIVED.

1. \_\_\_\_\_ Signature of Owner, Officer Or \_\_\_\_\_ Date \_\_\_\_\_ Authorized Representative

2. \_\_\_\_\_ Signature of Owner, Officer Or \_\_\_\_\_ Date \_\_\_\_\_ Authorized Representative