

Credit Services

Thank you for your interest in the products of Paper Systems Inc. Please fill out the 4 page credit application and email it back to marketing@papersystems.com

Business Name: _____
Street Address: _____
City: _____ St: _____ Zip: _____

Monthly Dollar Volume

The monthly purchase volume your company expects to place with PSI: \$ _____

Payment Terms

Open Terms: All decisions with respect to the extension or continuation of open terms to a customer shall be in the sole discretion of PSI. Upon credit approval, PSI's standard terms are Net 30 Days. The payment period is based on the invoice date. PSI reserves the right to hold shipments if an account is past due. Also, should PSI consider that account's balance has become too large, PSI reserves the right to hold shipments whether or not any invoices are past due.

Prepayment: PSI reserves the right to require prepayment on specially made items. As a convenience for customers and to expedite order processing, PSI accepts all major credit cards in prepayment.

Cash-on-Delivery: PSI does not accept COD orders.

Returned checks: There is a \$35.00 charge for each return. PSI does not re-deposit return checks. Repayment must be made by money order and include the return check charge.

Application for Credit

The undersigned certifies that he/she is authorized to act in behalf of the company named above. He/she also certifies to the best of his/her knowledge and belief that the information provided as 'Credit Information' and 'Customer Information' is true and correct and that the business entity named on this application is financially able to meet any commitments made with Paper Systems Incorporated (PSI). Further, the undersigned authorizes PSI to obtain credit information and to verify and/or supplement the information provided. Finally, the undersigned has read and accepts Paper Systems Incorporated payment terms.

Signature: _____
Printed Name of Signer: _____
Title of signer: _____ Date: _____

Effective date 10/01/2007

Business Name: _____
Street Address: _____
City: _____ St: _____ Zip: _____

Information Release Authorization

Our company has released bank information to Paper Systems Incorporated (PSI) for the purpose of establishing credit terms and authorizes the bank to release information in response to PSI's attached inquiry

Signature: _____
Printed Name of Signer: _____
Title of signer: _____ Date: _____

Business Name: _____

Customer Information

1. Billing Information (Leave 1a blank if same address as on page 1)

1a. Billing Address: _____
 City: _____
 State: _____ Zip (+4) _____

1b. Monthly Statements? _____ Yes _____ No

1c. State & Local Sales/Use Tax: Exempt? _____ Yes * _____ No

*Exempt Florida Businesses, please attach a copy of your current year 'Annual Resale Certificate' .
 *Exempt California, New York and Texas Businesses, please attach a Resale Certificate to this form.
 *Exempt Businesses in Ohio and Pennsylvania, please attach your state's sales/use tax Exemption Certificate.

2. Contact Information (Leave phone information blank in b and c, if the same as in a.)

2a. General
 Telephone: _____ Fax: _____
 Web Address: _____

2b. Purchasing Contact: _____ Ext. _____
 Telephone: _____ Fax: _____
 E-mail: _____

2c. Accounts Payable Contact: _____ Ext. _____
 Telephone: _____ Fax: _____
 E-mail: _____

3. Business Information

3a. Year Business was established: _____ 3b. No. of Employees: _____

3c. Type of Business: _____

3d. Legal Structure: _____ Individual / Proprietorship _____ Partnership
 _____ Corporation Type: _____

3e. Legal name if different from business name: _____

3f. Taxpayer Identification #: _____

3g. Principals:

	Name	Title
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Business Name: _____

Use your company's credit information sheet in place of this page or use space below to provide credit references.

Credit information

Bank Reference

Bank Name:	Acct #:
Address:	
City:	ST: Zip:
Telephone:	Fax:

Trade References

Please provide vendors that are suppliers for your business, such as manufacturers, warehouse, or distributors.

Vendor # 1	Acct #:
Address:	
City:	ST: Zip:
Email:	
Telephone:	Fax:

Vendor # 2	Acct #:
Address:	
City:	ST: Zip:
Email:	
Telephone:	Fax:

Vendor # 3	Acct #:
Address:	
City:	ST: Zip:
Email:	
Telephone:	Fax:

Vendor # 4	Acct #:
Address:	
City:	ST: Zip:
Email:	
Telephone:	Fax: