

## 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](mailto: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: