



OFFICE USE ONLY

Customer Number: _____

Confidential Customer Application

PORTLAND PAPER PRODUCTS
— & JANITORIAL SUPPLIES —

BUSINESS INFORMATION

Company Name	Owner's Name	Tax Exempt or Resale Number <small>(copy of certificate is necessary to be valid)</small>
Bill to: Company Address City, State, ZIP	Owner's Address City, State, ZIP	Please select one <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Email	Owner's Email	Date Business Started
Phone	Owner's Phone	Social Security Number
Fax	Treas/Controller	

BUSINESS CONTACT INFORMATION

Accounts Payable Contact Name	Purchasing Contact Name
How do you prefer to receive your invoice? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other <input type="checkbox"/> Leave on Delivery	Ship to: Business Address City, State ZIP Code
E-mail	E-mail
Phone	Phone
Fax	Fax
Would you like a monthly statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Delivery Instructions?
Preferred payment terms? <input type="checkbox"/> COD <input type="checkbox"/> Net 15 <input type="checkbox"/> ACH	Credit Card on file = Please request authorization form. COD = Cash/Check on Delivery
Other additional information	Other information that will help us to better service your account

BANKING INFORMATION

Name of Bank	Branch
Address	Phone
	Account #

TRADE REFERENCES

Name	Phone	Fax
Name	Phone	Fax
Name	Phone	Fax

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Portland Paper Products, is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale as stated on the invoice(s). Should I/we not pay Portland Paper Products according to term, it is understood that credit privileges may be withdrawn. Should Portland Paper Products find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1½% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. At Portland Paper Products option, jurisdiction and venue of any suit brought to collect this account shall be had in Portland Paper Products, Maine. A copy of this statement and application has been received.

SIGNATURE

(must be signed by an officer or principal of the firm)

Title	Date
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PERSONAL GUARANTEE

The undersigned, [print name] _____, of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account. It is understood that credit would not be extended to said corporation/company without this assumption of liability.

Signature

(An individual)

CREDIT DEPARTMENT USE ONLY

Credit Limit	Terms Code	Date
Credit Manager Signature		