



COMMERCIAL CREDIT APPLICATION

BUSINESS INFORMATION

DATE: _____

BUSINESS NAME _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

EMAIL: _____

FEDERAL TAX ID*: _____ *PLEASE INCLUDE A COPY OF THE PROPER TAX EXEMPT FORMS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NUMBER OF YEARS IN BUSINESS _____

TYPE OF EQUIPMENT USED FOR PRINTING _____

CORPORATION PARTNERSHIP SINGLE OWNER

PRINCIPALS

NAME: _____ TITLE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME: _____ TITLE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REFERENCES

I give written permission to release credit information to Paper Mart Inc. This information is confidential and will only be used for required information upon consideration of opening an account.

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME OF BANK: _____ PHONE: _____ FAX: _____

BANK CONTACT: _____

CHECKING ACCNT #: _____ SAVINGS ACCNT #: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRADE CREDIT REFERENCES (at least 3, must include phone numbers)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____