

CREDIT APPLICATION – Fine Paper



47422 Kato Road • Fremont CA 94538 • Phone: 510 413 4700

Date _____ Phone _____ Sales Rep Name _____

Email _____ Fax _____

I/We should like to apply for an OPEN ACCOUNT [] or COD ACCOUNT []. CREDIT LINE REQUESTED \$

COMPANY NAME	PRINCIPAL NATURE OF BUSINESS
BILLING ADDRESS (number, street or PO Box)	SHIPPING ADDRESS (number & street) same as billing address []
CITY, STATE AND ZIP CODE	CITY, STATE AND ZIP CODE

How many years in business? LESS THAN 1 [] 1 [] 2 [] If less than 5 years complete reverse side 3 [] 4 [] 5 []	FORM OF BUSINESS ORGANIZATION (A) [] Sole Proprietorship (B) [] Partnership (C) [] Corporation
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Fill In If A or B	OWNERS – PARTNER'S NAME	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		
	PARTNER INFORMATION	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		
	PARTNER INFORMATION	RESIDENCE ADDRESS (Domestic)	PHONE
	SOCIAL SECURITY NUMBER		

Fill In If C	STATE IN WHICH INCORPORATED	DATE OF INCORPORATION	PHONE
	PRESIDENT	VICE PRESIDENT	
	SECRETARY	TREASURER	

Will you be purchasing from us for Resale? Yes [] No []. County in which you are taxed _____

I/We understand that we are liable for all taxes charged on purchases until a valid resale permit is received by JC PAPER.

CREDIT REFERENCES – I/WE HAVE ACCOUNTS AT THE BANKS LISTED BELOW

BANK NAME	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT

CREDIT HAS BEEN ESTABLISHED AT THE FOLLOWING

NAME OF FIRM	ACCOUNT NUMBER	ADDRESS	PHONE

I/We agree to pay our account on the 10th of the month following purchase. Payment is subject to 1% CASH DISCOUNT when paid by the 10th of the succeeding month, net thereafter and past due after the last day of the month. If not paid in accordance with the above terms, the entire unpaid balance is considered past due. Balances not received by the last working day of the month, following month of purchase, are subject to service charge of 1.67% per month (20% annual percentage rate). In the event suit is filed to enforce payment, reasonable court cost and attorney fees will be collected.

I/We authorize the above named Banks and Companies to release any information requested by JC PAPER, as to our credit worthiness.

SIGNATURE OF OWNER/PARTNER OR OFFICER	SIGNATURE OF PARTNER/OFFICER	DATE
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Failure to complete requested information may result in delay and inconvenience.