Paper Enterprises Inc.

Credit Application

770 East 132nd Street, Bronx, NY 10454 Phone: 718-402-1200 Fax: 718-742-0170

Company Informatic		DBA:				
Billing Address:			City:		State:	Zip Code:
Accounts Payable Contact:		Phone:	Fax:		Email:	
Year Established:	Federal ID Nur	nber:		Estimated Annua	Sales: \$	
Corporation	Partnership 🗆	Sole Propriet	orship 🗆	Limited	Liability 🗆	State of Inc.
Bank Information: Primary Bank Name:		Years Doing B	usiness:	Account #:		
Address:				City:		State:
Zip Code:	Phone:	Phone: Fax:				
Trade References: <u>1) Company Name:</u>		Yea	rs Doing Business:		High Credit: \$	
Company Address:		(City:	Sta	ite:	Zip Code:
Contact Name:		P	hone:		Fax:	
2) Company Name:		Yea	rs Doing Business:		High Credit: \$	
Company Address:		(City:	Sta	ite:	Zip Code:
Contact Name:		P	hone:		Fax:	
3) Company Name:		Yea	rs Doing Business:		High Credit: \$	
Company Address:			City:	Sta	ite:	Zip Code:
Contact Name:		P	hone:		Fax:	
Requested Method	of Payment: Cr	edit Card 🛛 CO	D/Cash 🗆 🛛 C	OD/Check 🗆	Open Credit Ac	count 🗆
Owners / Partners /	Officers:					
Name:		Position/Title:		% of Owr	nership:	SS#:
Name:		Position/Title:		% of Owr	nership:	SS#:
Name:		Position/Title:		% of Owr	nership:	SS#:

Confirmation and Acknowledgement:

Applicant hereby authorizes the release of credit information concerning Applicant to Paper Enterprises, Inc., its parent and affiliates (collectively, "Paper Enterprises") for Paper Enterprises review of Applicant's credit worthiness and financial responsibility as Paper Enterprises may reasonably require. FURTHER in consideration of Paper Enterprises selling to the Applicant on an Open Credit Account, the undersigned, in his/her capacity as an officer of the Applicant as indicated below, represents and warrants that the information contained in this Application is true and correct and acknowledges that Paper Enterprises is considering whether to extend credit to the Applicant based on the information contained in this Application and that the applicant has the financial means to meet it's obligations. By the undersigned's execution of this Application, Applicant acknowledges and accepts Paper Enterprises terms and Conditions. See Terms and Conditions of Sale at: http://www.paperenterprisesusa.com/category/1185/Terms-and-Conditions.html.

Name:	Title:
Signature:	Date:

In order to induce Paper Enterprises to accept any order from Applicant, to extend credit to Applicant or to sell goods to Applicant, **the undersigned Guarantor jointly and severally**, **individually, unconditionally personally guarantees to Paper Enterprises the full and prompt payment and due performance** of any and all obligations of Applicant to Paper Enterprises, including finance charges and collection costs. **Guarantor hereby authorizes the release of credit information concerning Guarantor** to Paper Enterprises for Paper Enterprises, review of Guarantor's credit worthiness. The undersigned guarantor(s) consents to any and all modifications or extensions of the terms of any contract of sale, account or liability and waives notice of any kind which may apply, including without limitation presentment, demand for payment, protest, notice of dishonor, modification, extension and default. The undersigned agrees to pay all costs and expenses, including reasonable attorney's fees, to Paper Enterprises in the event Paper Enterprises incurs costs and expenses to enforce collection of sums due to Paper Enterprises, or to enforce, protect, or defend Paper Enterprises rights, under this guaranty. This guaranty will continue and can be revoked only by a written revocation sent to Paper Enterprises by certified mail, return receipt requested, postage prepaid. A revocation will be effective on the 5th business day after its receipt by Paper Enterprises. The revocation became effective and not to any obligations of Applicant which were created, contracted, assumed or incurred after the revocation became effective.

GUARANTOR'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH STATED TERMS

Guarantor: Signature	Date:
NameNO CORPORATE TITLE SHALL FOLLOW NAME	Address
Social Security #:	City, State, ZIPv062017