



1031 Lexington Road
 P.O. Box 4938
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CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Name of Business: _____

Parent Company Name: _____

Telephone Number: _____ Fax Number: _____

Website: _____ Is this a Branch:(circle one) Yes No

Bill To: _____ Ship To: (if different) _____

Accts Payable Contact: _____ Email: _____

Telephone Number: _____ Fax Number: _____

May we fax your invoice/statement? _____ If yes: Fax Number: _____

May we email your invoice/statement? _____ If yes: Email Address: _____

Will Purchase orders be issued? _____ If yes are purchase orders mandatory? _____

Person authorized to issue purchase orders: _____

Telephone Number: _____ Fax Number: _____

Are Purchases subject to Resale/Exemption: Yes No If yes, please attached signed certificate.

Payments will be made by: (circle one) Check Cash Credit Card (attach credit card form)

Annual Purchases: _____ Credit Requested: _____

BUSINESS INFORMATION

Is your business a: (circle one) Corporation Partnership Proprietorship Individual

Federal ID Number: _____ Social Security Number: _____

Type of Business: _____ Years in Operation: _____

D&B Number: _____

President/CEO: _____

VP/Finance: _____

Treasurer/Controller: _____

AP Manager: _____

Initial: _____

BANK INFORMATION

Bank Name: _____ Contact Name: _____
Account Number: _____ Phone: _____
Address: _____

TRADE REFERENCES

Reference One: _____ Reference Two: _____
Contact: _____ Contact: _____
Telephone Number: _____ Telephone Number: _____
Fax Number: _____ Fax Number: _____
Email Address: _____ Email Address: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ State: _____
Zip: _____ Zip: _____

Reference Three: _____
Contact: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____
Address: _____
City: _____
State: _____
Zip: _____

SIGNATURE

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Eagle Paper, Inc to investigate the references listed pertaining to my/our credit financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to debtor in the event of default or failure to pay for goods sold and delivered. Buyer is aware we institute a 1.5% per month service charge on all past due accounts (annual percentage rate of 18%) and agree to pay same. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices within established terms.

Name of Authorized Person (Please Print) Title Date

Signature

FOR INTERNAL USE ONLY

Tax Body Code: _____ Sales Tax Code: _____ (Attached Resale Certificate)
Credit Approval: _____ Limit: _____
Sales Rep Number: _____ Account Number: _____ (Attached application)
Price Category: _____ Road Net System: _____