

ACCOUNT#:		
CREDIT REQUESTED: \$		
SALESPERSON:		
NEW ACCOUNT	APPLICATION	
COMPANY NAME.		
COMPANY NAME:		
MAILING ADDRESS:		
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SHIPPING ADDRESS:		
TYPE OF BUSINESS:		
TELEPHONE NUMBER: F.	AX NUMBER:	
ACCOUNTS PAYABLE NAME & PHONE		
ACCOUNTS PAYABLE NAME & PHONE	EMAIL ADDRESS	
OWNER (I)		
OWNER(S)		
DATE BUSINESS ESTABLISHED: TA	X EXEMPTION NUMBER	
PLEASE COMPLETE A TAX EXEMPTION FORM AND RETURN IT WITH CREDIT APPLICATION.		
REFERENCES:		
BANK:		
(NAME):	(TELEPHONE):	
(ADDRESS):	(CITY):	
(STATE):(ZIP):		
HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES? PLEASE MAKE YOUR SELECTION BELOW.		
WOULD YOU LIKE A MONTHLY STATEMENT? YES	_ NU	
VIA EMAIL ADDRESSFAX	NOMAILED	



PAPER SUPPLIER:		
(NAME):	(TELEPHONE):	
(ADDRESS):	(CITY):	
(STATE):(ZIP):	(FAX):	
PAPER SUPPLIER:		
(NAME):	(TELEPHONE):	
(ADDRESS):	(CITY):	
(STATE):(ZIP):	(FAX):	
OTHER:		
(NAME):_	(TELEPHONE):	
(ADDRESS):	(CITY):	
(STATE):(ZIP):	(FAX):	
Should a credit availability be granted by Steen-Macek Paper Co., Inc., all decisions with respect to the extension or continuation shall be in the sole discretion of Steen-Macek Paper Co., Inc. may terminate any credit availability within its sole discretion.		
In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, purchaser shall pay all reasonable collection, attorney fees and court costs incurred by Steen-Macek Paper Co., Inc.		
Purchaser (applicant) shall notify Steen-Macek Paper Co., Inc. by certified mail of any change of (in) ownership. Purchaser (applicant) agrees to give written notice (certified mail) to Steen-Macek Paper Co., Inc. prior to the sale or transfer of all or substantially all of the stocks or assets of their (its) business: If purchaser (applicant) fails to do so. Then purchaser (applicant) shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.		
APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBLITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR CREDIT TERMS AND GUARANTIES PAYMENT OF ALL CHARGES. APPLICANT IS SUBJECT TO A SERVICE CHARGE ON ANY CHECK(S) RETURNED FROM OUR BANK, UNPAID, FOR ANY REASON.		
Owner signature		
	n imn	
PRINT NAME	DATE	



PERSONAL GUARANTY

Date	
I,	_ , residing at
for and in consideration of your extending credit at	my request toName of Company
Company and I hereby a gree to bind myself to pay the Company whenever the Company shall fail to be continuing and irrevo cable guaranty and indemn	h I am Steen-Macek Paper Co., Inc., of any obligation of the you on demand any sum which may become due to you o pay the same. It is understood that this guaranty shall ity for such indebtedness of the Company. I do hereby eof and consent to any modification or renewal of the
Witness	Signature
Print Name	Print Name
	Date