



Please complete all sections and return to: info@ipproducts.com

(Incomplete information may delay your request, please fill all spaces)

Name of Firm or Individual

Billing Address City State

Zip Code Phone # County

Website Address

Corporation Incorporated within past 12 months Partnership Individual NYSE

Number of years in business **SS# or FEIN**

PHYSICAL ADDRESS:

Address City State Zip

OWNERSHIP:

1.Principal Name Address

Zip Code Phone # Email

2.Principal Name Address

Zip Code Phone # Email

ACCOUNTS PAYABLE:

Contact Phone #

Email

REFERENCES:

1.Business Name Address

Zip Code Phone # Contact Name

2.Business Name Address

Zip Code Phone # Contact Name

3.Business Name Address

Zip Code Phone # Contact Name

BANK REFERENCE:

Bank Name Address Zip

Officer/Department Account #

Phone # Email

PAYMENT:

Do you use any of the following for payments? Credit/Debit Cards Procurement Card
 Electronic Funds Transfer ACH

If credit card purchases are preferred, please provide the following information:

Name as it appears on the card
Card type: MasterCard Visa Discover Card
Card Number Expiration Date /

By providing this information, you are authorizing charges against this card.

Authorized User Signature Date

The above payment method will be used until credit approval.

APPLICANT HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS: Payment terms are shown on invoice. Service charge of 1-1.5% per month (18% per year) charged on past due invoices. In the event this account becomes delinquent and is turned over to an attorney or any collection agency for collection, the purchaser shall pay collections fees and/or attorney fees not exceeding 30% plus court costs, serving costs, and/or any other miscellaneous expense incurred as a result of purchaser's failure to pay.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. We authorize references including our bank reference to provide credit information to Industrial Paper Products, Inc.

Signature Date

Title Email

FOR INTERNAL USE ONLY

Account # Reference Results
 Credit **Approved** Credit **Refused** Credit Limit \$
References Checked by Date