

Paper Enterprises Inc.

Credit Application

770 East 132nd Street, Bronx, NY 10454

Phone: 718-402-1200

Fax: 718-742-0170

www.paperenterprises.com

Company Information:

Legal Business Name ("Applicant"): _____ DBA: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____ Phone: _____ Fax: _____ Email: _____

Year Established: _____ Federal ID Number: _____ Estimated Annual Sales: \$ _____

Corporation Partnership Sole Proprietorship Limited Liability State of Inc. _____

Bank Information:

Primary Bank Name: _____ Years Doing Business: _____ Account #: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Fax: _____

Trade References:

1) Company Name: _____ Years Doing Business: _____ High Credit: \$ _____

Company Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

2) Company Name: _____ Years Doing Business: _____ High Credit: \$ _____

Company Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

3) Company Name: _____ Years Doing Business: _____ High Credit: \$ _____

Company Address: _____ City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Requested Method of Payment: Credit Card COD/Cash COD/Check Open Credit Account

Owners / Partners / Officers:

Name: _____ Position/Title: _____ % of Ownership: _____ SS#: _____

Name: _____ Position/Title: _____ % of Ownership: _____ SS#: _____

Name: _____ Position/Title: _____ % of Ownership: _____ 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 www.d2bnv.com).**

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 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. 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 will apply only to obligations of Applicant which were created, contracted, assumed or incurred after the revocation became effective and not to any obligations of Applicant which were created, contracted, assumed or incurred before the revocation became effective.

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

Guarantor: _____

Date: _____

Signature

Name _____

Address _____

NO CORPORATE TITLE SHALL FOLLOW NAME

Social Security #: _____

City, State, ZIP _____