



Graphic Paper New York, Inc.
31 Windsor Place - Central Islip, NY 11722
631-761-9700 - Fax 631-761-8909

Graphic Paper New England, LLC
145 Plymouth Street - Mansfield, MA 02048
508-261-8866 - Fax 508-339-9926

CREDIT APPLICATION

Company name: _____ Principals names: _____
Address _____
_____ Date established _____
Phone # _____ Type of business _____
Fax # _____ Graphic Paper sales rep: _____
A/P contact(s): _____ Authorized purchaser(s) _____ Federal ID# _____
of employees: _____ Annual sales volume \$ _____ Credit amount requested \$ _____

TRADE REFERENCES - Preferably Paper Suppliers

Name: _____ Phone#: _____
Address _____ Fax #: _____
City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____
Address _____ Fax #: _____
City: _____ State: _____ Zip: _____

Name: _____ Phone#: _____
Address _____ Fax #: _____
City: _____ State: _____ Zip: _____

BANK INFORMATION

Name: _____ Account #: _____
Address _____ Phone #: _____
City: _____ State: _____ Zip: _____
Contact Person: _____

I authorize the financial institution noted above to release financial information to Graphic Paper.

X _____ Date: _____
Authorized Signature

Applicant hereby certifies that the information provided above is true and accurate. Applicant agrees to pay all invoices according to the terms set forth on each invoice. Purchaser agrees to pay late charges of 1.5% per month (18% annually) on all invoices unpaid after 60 days from due date, and to pay all attorney fees and related costs incurred for any collection actions that may be required. Applicant agrees to pay a \$40 fee for any returned checks. Credit privileges will be forfeited immediately upon the incidence of two bounced checks in any given 12-month period. Applicant agrees to adhere to our return policy.

PLEASE FAX TO (631) 761-8909 WHEN COMPLETE