



Southwest Paper

www.swpaper.com

Wichita, KS (316) 838-7755

Oklahoma City, OK (405) 236-1641

3930 N Bridgeport Circle | Wichita KS 67219-3322

Office Use Only	Account No. _____
	Sales Rep. _____

New Account Credit Application

Name (BILL TO) \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_ E-mail \_\_\_\_\_

Send invoices by (please check one)  Fax  E-mail

Do you wish to receive a monthly, itemized statement?  Yes  No If yes, please check one  Fax  E-mail

SHIP TO (if different) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Started \_\_\_\_\_

Buyer Contact \_\_\_\_\_ Buyer Phone # \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Acct Payable Phone # \_\_\_\_\_

AP Fax# \_\_\_\_\_ AP E-mail \_\_\_\_\_

Purchase Order number / name required?  Yes  No May we backorder items that are out of stock?  Yes  No

Special delivery Instructions: \_\_\_\_\_

Type of Ownership  Individual  Corporation  Partnership

If a Corporation or Partnership, Personal Guarantee on reverse side MUST be signed.

PRINCIPALS: Please list full name, mailing address, and telephone number of owner(s)

Credit Information:

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Bank Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_

Please list three trade references

1. Name \_\_\_\_\_ Account # \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Account # \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Account # \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

We hereby make application for credit to Southwest Paper. If credit is granted, we agree to pay all bills within the stated terms of sale. We agree to pay a service charge of \$30.00 for any checks returned from our financial institution unpaid for any reason. Additionally, we understand that a service charge may be assessed on any unpaid balance equal to the maximum rate allowed by law. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including reasonable collect fees, incurred by Southwest Paper.

The above information is correct to the best of my knowledge and I authorize Southwest Paper to obtain information from my references.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Application must be signed by owner or officer. Your financial institution will not release information to Southwest Paper if this is signed by someone other than an owner or officer of the company.

(OVER)

(8-08)

**PERSONAL GUARANTY**

From this date, for goods and services provided, the undersigned individually and jointly guarantee prompt payment of any and all credit Southwest Paper extends to their company.

I/We understand Southwest Paper will extend credit on a continuing basis and need not notify the undersigned of each transaction.

In the event of default, I/We agree to pay the indebtedness and reasonable collection costs.

Date and Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Personal Guarantor

\_\_\_\_\_  
Personal Guarantor

\_\_\_\_\_  
Personal Guarantor

**RESALE EXEMPTION CERTIFICATE**

I Hereby Certify: That I hold valid retailer registration No. \_\_\_\_\_ issued pursuant to the sales and compensating tax laws in the state of \_\_\_\_\_ ; that I am engaged of the business of selling:

That the tangible personal property described herein, which I shall purchase from Southwest Paper will be resold by me in the form of tangible personal property. Provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by sales and compensating law tax to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Date \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer)

Under "description of property to be purchased" there may appear an itemized list of the particular property to be purchased for resale, or a general description of property to be purchased for resale. Each retailer accepting a resale exemption certificate containing a general description of resale property does so at the retailer's own risk and may be held liable for tax on sales when a particular item sold is not of the type normally resold in the purchaser's business. If a purchaser buys property for resale which is not of the type normally resold in the purchaser's business, the retailer shall require the purchaser to issue a specific resale exemption certificate containing a statement that the particular property is being purchased for resale in the normal course of purchaser's business.

**IMPORTANT:** Certificate must be signed by authorized officer, if a corporation, or by a partner or owner.

Fax completed application to 316-219-7265 or mail to 3930 N Bridgeport Circle, Wichita KS 67219-3322

<b>Office Use Only</b>	Ref Ltrs Sent _____ Approved _____ Disapproved _____
	Terms _____ Limit _____ Tax Code _____ Credit Mgr _____
	Zone # _____ Stop # _____ Operations Mgr Initials _____
	Allow Substitutes ___Yes___No Auto Pricing ___Yes___No Price Notification Update ___Yes___No
	Market Segment # _____ Account Rating _____ SIC Code _____ Sales Rep Initials _____